

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 119540
Permit No. _____
Basin 107

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **STEPHANIE DOANE**
MAILING ADDRESS **P.O. BOX 111**
WELLINGTON, NV 89444

NOTICE OF INTENT NO. **69873**
ADDRESS AT WELL LOCATION **31 CARDINAL LANE**
WELLINGTON, NV 89444
Subdivision Name: _____
County: Lyda

2. LOCATION NW ¼ NE ¼ Sec 9 T 11N N/S R 23 E
PERMIT/WAIVER No. **010-231-31**
Issued by Water Resources Parcel No. _____

Latitude **119.411967°N** UTM E NAD 27
Longitude **38.83784°W** N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OVER BURDEN		0	6	6
SMALL BOULDERS AND DG SANDS		6	134	128
BROWN CLAY DG SANDS SEAMS		134	215	81
DG SANDS AND SILTS		215	235	20
FRACTURED DG SANDS	X	235	300	65
BROWN CLAY		300	325	25
FRACTURED DG SANDS	XXX	325	385	60

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
385		385	

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
10 5/8 inches	0	325	Feet
6 inches	325	385	Feet
			Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+2	25
6 5/8	4.26	.216	25	325
SDR 17				

Perforations:

Type of perforation	Size of perforation	From	to	Feet
FACTORY MILL SLOT	.032	285	325	Feet
		6" 345	385	Feet
				Feet
				Feet
				Feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	0 to 65	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 65 to 325 Pumped Poured
Type: PEAT GRAVEL

Bentonite Chips: Yes No to Pumped Poured
Type: _____

Date started: 2013 NOV 15 AM 9:45 30-Oct 20 13
Date completed: 06-Nov 20 13

7. Water Level
Static water level: 240 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	20	45	3 HRS

NAD 83
38.83784°W
119.411967°N

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.**
Contractor
Address **20 KIT KAT DRIVE**
Contractor
CARSON CITY, NV 89706
Nevada contractor's license number issued by the State Contractor's Board **0055548**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1905**
Signed Michael J. Hack
driller performing actual drilling on site or contractor
Date **11/07/2013**

(Rev. 05-09)

USE ADDITIONAL SHEETS IF NECESSARY