

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

OFFICE USE ONLY
Log No. 120639
Permit No. _____
Basin No. 107

**PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK**

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

NOTICE OF INTENT NO. 72359
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME STEVE FULSTONE
MAILING ADDRESS 31 RIVERS RD
SMITH, NV 89430

DETAILED ADDRESS AT WELL LOCATION 31 RIVERS RD
SMITH, NV 89430
Subdivision Name: _____ County: Lyon

2. PLS LOCATION NE 1/4 SE 1/4 25 Sec 11 N/S 23 E
PERMIT/WAIVER NO. _____ 010-391-01
Issued by Water Resources Current Parcel No.

Latitude 38.784997°N UTM E NAD 27
Longitude 119.347991°W UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Corn / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
OVER BURDEN			0	3
BROWN SILTY SANDS			3	26
DG SANDS SMALL GRAVELS	X		26	120
GRAY SILTY SANDS			120	186
GRAY CLAY, DG SANDS			186	205
BROWN CLAY			205	223
FRACTURES DG SANDS AND GRAVELS	XXX		223	300

Replaces unknown log

9. INSTRUCTION

Depth Drilled: 300 Feet Depth Cased: 300 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>14 1/4</u> Inches	<u>0</u> Feet <u>300</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>15.65</u>	<u>.188</u>	<u>2</u>	<u>300</u>
_____	_____	_____	_____	_____

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout 0 to 100 Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

Bentonite Chips _____ to _____ Pumped Poured

Gravel Pack [> 0.2 in.] 100 to 300 Pumped Poured

Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured

Other, explain: _____ Pumped Poured

RECEIVED
2014 SEP 15 PM 1:23
STATE ENGINEERS OFFICE

PERFORATIONS:

Type of perforation: FACTORY SAW CUT

Size of perforation: 3 X 3/32

From 240 Feet To 300 Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

Date started: 8-Sep 20 14
Date completed: 11-Sep 20 14

7. WATER QUALITIES

Static water level: 145' Feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: COLD ° Fahrenheit

Water Quality: GOOD

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision. This report is true to the best of my knowledge.

Name CAOITAL CITY WELL DRILLING AND PUMP SERVICE INC.
Contractor

Address 20 KIT KAT DRIVE CARSON CITY, NV 89706
Contractor

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>40+</u>	<u>50</u>	<u>3 HRS</u>
_____	_____	_____

Nevada contractor's license number as issued by the State Contractor's Board: 0055548

Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1905

Signed: Michael J. Hall
By driller performing actual drilling on site or contractor

Date: 9/12/2014