

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

OFFICE USE ONLY

Log No. 106152
Permit No. _____
Basin 103

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 61591

1. OWNER CITY OF CARSON CITY ADDRESS AT WELL LOCATION
MAILING ADDRESS 3505 Butti Way Vidler Carson River Induction Well # 2
Carson City, Nevada 89703 Subdivision Name: _____ County: Carson City

2. LOCATION SE ¼ SW ¼ Sec 11 T 15N N/S R 20 E Latitude 39°10.339 UTM E NAD 27
PERMIT/WAIVER No. 75615 Longitude 119°42.400 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	5	5
Silty Clay		5	10	5
Sand, gravel and cobbles		10	21	11
Coarse sand and gravel		21	53	32
Sand, gravel w/clay layers		53	93	40
Clay		93	105	12
Clay w/sand, gravel layers		105	115	10
Bedrock w/sand in the fractures		115	120	5
<u>N39, 172403</u>				
<u>W 119, 705669 NAD27</u>				
HOLE COULD NOT BE COMPLETED AS A WELL. RAN TREMIE PIPE TO TD AND PUMPED 15 YARDS 7 SACK SAND/CEMENT GROUT TO SURFACE.				

9. WELL CONSTRUCTION

Depth Drilled 120 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From	To	From	To
<u>36</u> Inches	<u>0</u> Feet	<u>5</u> Feet	<u>5</u> Feet
<u>17.5</u> Inches	<u>50</u> Feet	<u>120</u> Feet	<u>120</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type of perforation _____
Size of perforation _____

From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 50' Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: March 12, 2008, 20
Date completed: March 15, 2008, 20

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

8. WELL TEST DATA

TEST METHOD	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name HUMBOLDT DRILLING & PUMP COMPANY
Contractor
Address 4975 W. Winnemucca Blvd.
Contractor
Winnemucca, Nevada 89445
Nevada contractor's license number _____
issued by the State Contractor's Board 56797
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 2158
Signed Judi Leach, Office
By driller performing actual drilling on site or contractor
Date 4/4/2008

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY