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

OFFICE USE ONLY
Log No. 10698
Permit No.
Basin 104

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

NOTICE OF INTENT NO. 61831

1. OWNER MICHAEL WILLIAMS KATHLEEN PAVLIK
MAILING ADDRESS CARSON CITY , NV 89706

ADDRESS AT WELL LOCATION 2607 AIRPORT RD
CARSON CITY , NV 89706
Subdivision Name: County: Carson City

2. LOCATION NW ¼ NW ¼ Sec 10 T 15N N/S R 20 E
PERMIT/WAIVER No. 008-211-09 Parcel No.
Issued by Water Resources

Latitude 39.18377*N
Longitude 119.73315*W
UTM E N
☐ NAD 27 ☒ NAD 83/WGS 84

3. WORKED PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☐ Other ABANDOMENT

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

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other N/A

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TAGGED OLD WELL TO		0	63	63
63' PLACED 1 1/4 TREMIE				
PIPE TO BOTTOM OF WELL				
63' PUMPED FROM BOTTOM				
TO SURFACE WITH 2 YDS				
NEAT CEMENT				
N 39.183860				
W 119.732136 NAD27				

Date started: 24-Jan , 20 08
Date completed: 24-Jan , 20 08

9. WELL CONSTRUCTION
Depth Drilled N/A Feet Depth Cased N/A Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
N/A	Inches	N/A	Feet	N/A	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	.13.03	.188	0	63

Perforations:
Type of perforation N/A
Size of perforation
From feet to feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☐ Yes ☐ No
☐ Neat Cement N/A to N/A ☐ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout to ☐ Pumped ☐ Poured
Gravel Pack: ☐ Yes ☐ No to ☐ Pumped ☐ Poured
Type: N/A
Bentonite Chips: ☐ Yes ☐ No to ☐ Pumped ☐ Poured
Type:

7. Water Level
Static water level: 18 feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: COLD °F
Quality: N/A

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
N/A	N/A	N/A

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
By driller performing actual drilling on site or contractor
Date 01/28/2008

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEER'S OFFICE
2008 SEP -3 AM 11:20
RECD

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