

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

OFFICE USE ONLY **107139**

Log No. _____
Permit No. _____
Basin **109**

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. **62860**

1. OWNER **ROBERT HALEY** ADDRESS AT WELL LOCATION **970 SUTRO TERRACE**
MAILING ADDRESS **970 SUTRO TERRACE** **CARSON CITY, NV 89701**
Subdivision Name: _____ County: _____

2. LOCATION **SW 1/4 SE 1/4 Sec 32 T 18N N/S R 20 E** Latitude **39.20192°N** UTM E NAD 27
PERMIT/WAIVER No. **008-034-10** Longitude **119.75787°W** N NAD 83/WGS 84
issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other **ABANDONMENT**
4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
5. WELL TYPE
 Cable Rotary RVC
 Air Other **N/A**

Material	Water Strata	From	To	Thick-ness
PULED OUT PUMP				
CUT WATER LINE AND				
PLCED 1 1/4 TRIMMING PIPE				
TO BOTTOM OF WELL				
OLD WWELL 6 5/8		0	145	145
PUMPED FULL OF NEAT				
CEMENT FELL BACK 25 ft				
TOPPED OFF WITH				
SAND SLURRY				
CUT OFF WELL CASING				
1' BELOW GRND LEVEL				
WELL DEPT 145				
STATIC WATER 108				
057202910				
WELL 258855-110007				
Plugging of log #15598				

Depth Drilled	Feet	Depth Cased	Feet
N/A		N/A	

HOLE DIAMETER (BIT SIZE)

From	To	Inches	Feet
		N/A	

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.91	.156	0	145

Perforations:

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

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	N/A	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout		to	<input type="checkbox"/> Pumped	<input 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 **N/A** to Pumped Poured
Type: _____
Bentonite Chips: Yes No **N/A** to Pumped Poured
Type: _____

Date started: **05-Jun**, 20 **08**
Date completed: **05-Jun**, 20 **08**

7. Water Level
Static water level: **108** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **COLD** °F
Quality: _____ POOR

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	3-4	10	10 MIN

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **CAPTIAL 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 Haley*
By driller performing actual drilling on site or contractor
Date **07/06/2006**

(Rev. 05-00)

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEERS OFFICE
2008 JUL -9 AM 10:29
RECEIVED