

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

OFFICE USE ONLY
Log No. 109804
Permit No. _____
Basin 105

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. 64712

1. OWNER PETE BACHSTADT ADDRESS AT WELL LOCATION 1190 RABE WAY
MAILING ADDRESS 1190 RABE WAY CARSON CITY, NV 89701
CARSON CITY, NV 89701 Subdivision Name: _____ County: Carson City

2. LOCATION NE 1/4 SE 1/4 Sec 5 T 14N N/S R 20 E Latitude 39.10352°N UTM E NAD 27
PERMIT/WAIVER No. 09/311/12 Longitude 119.75644°W 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 Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
OVER BURDEN		0	3	3
BROWN DG SANDS		3	65	62
BROWN CLAY		65	113	48
COURSE DG SANDS		113	164	51
FRACTURED DG GRAVELS	XXX	164	180	16
<u>39.103611°N</u> <u>119.755427°W</u> <u>112927</u> <u>2010 JAN -5 AM 10:47</u> <u>STATE ENGINEER</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
180		180	

HOLE DIAMETER (BIT SIZE)

Inches	From	Inches	To	Feet	Feet
12 1/4	0		180		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.8	.188	+2	180

Perforations:

Type of perforation FACTORY MILL SLOT
Size of perforation 3X3/32

From 140 feet to 180 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 100 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 100 to 180 Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 23-Nov , 20 09
Date completed: 25-Nov , 20 09

7. Water Level
Static water level: 38 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"/> Baller <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>30</u>	<u>35</u>	<u>3 HRS</u>

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 H. Beck
By driller performing actual drilling on site or contractor
Date 12/28/2009