

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

OFFICE USE ONLY
Log No. 110875
Permit No. _____
Basin 089

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. 62914

1. OWNER ANTHONY MONTANO ADDRESS AT WELL LOCATION 3120 PERSHING LN
MAILING ADDRESS 3120 PERSHING LN WASHOE CITY, NV 89704
WASHOE VALLEY, NV 89704 Subdivision Name: _____ County: Washoe

2. LOCATION NE 1/4 N/E 1/4 Sec 8 T 18N N/S/R 20 E Latitude 39.28648°N UTM E NAD 27
PERM. WAIVER No. 050-424-22 Longitude 119.77318°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 Municipal/Industrial Monitor Stock _____
5. WELL TYPE Cable Rotary RVC Air Other _____ MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OLD 6 5/8 WELL		0	95	95
BROWN SILTY SANDS		95	138	43
BROWN CLAY		138	147	9
COURSE DG SANDS		147	200	53
GPS NAD-27 39.286585°N 119.772179°W				

9. WELL CONSTRUCTION
Depth Drilled 200 ~~100~~ Feet Depth Cased 200 ~~100~~ Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
6 1/8 inches 95 Feet 200 Feet
inches Feet Feet
inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
SDR21	3.97	.316	80	120

Perforations:
Type of perforation FACTORY SLOTTED PIPE
Size of perforation 0.032
From 160 feet to 200 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

Date started: 01-Oct , 20 08
Date completed: 03-Oct , 20 08

7. Water Level
Static water level: 80 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	18	65	3 HRS

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 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 Black
By driller performing actual drilling on site or contractor
Date 10/19/2008

USE ADDITIONAL SHEETS IF NECESSARY

(10) - I
M-H-F

STATE ENGINEERS OFFICE
2008 NOV - 4 AM 11:19
RECEIVED