

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

OFFICE USE ONLY
Log No. 111630
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. 66090

1. OWNER City of Carson City ADDRESS AT WELL LOCATION 400 S. Carson St. Legislative Mall Area
MAILING ADDRESS 3505 Butti Way Carson City, NV 89701 MW-5D Carson City, NV
Subdivision Name: _____ County: Carson City

2. LOCATION NW ¼ SW ¼ Sec 17 T 15N N/S R 20 E Latitude 39°09'46.17" N UTM E NAD 27
PERMIT/WAIVER No. 004-071-01 Longitude 119°46'00.59" 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 Stock
 Municipal/Industrial Monitor
5. WELL TYPE Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Dry silty brown clay		0	60	60
<u>NAD-27 GPS</u>				
<u>39.162915° N</u>				
<u>119.765816° W</u>				

9. WELL CONSTRUCTION
Depth Drilled 60 Feet Depth Cased 60 Feet
HOLE DIAMETER (BIT SIZE)
From 8" x To 60
Inches 0 Feet 60 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>		Sch 40	0	60

Perforations:
Type of perforation _____ Slot _____
Size of perforation _____ .010
From 55 feet to 60 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 51 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 53 to 60 Pumped Poured
Type: #2/12 Sand
Bentonite Chips: Yes No 51 to 53 Pumped Poured
Type: _____ Medium _____

Date started: 22-Jul , 20 10
Date completed: 22-Jul , 20 10

7. Water Level
Static water level: N/A 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"/> Bailer <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 PC Exploration Contractor
Address 2905 Lesvos Court Contractor
Lincoln, CA 95648
Nevada contractor's license number issued by the State Contractor's Board 28767
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1935
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 20-Aug-10