

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

OFFICE USE ONLY
 Log No. 114008
 Permit No. _____
 Basin 104

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 66464

1. OWNER Carson City School Dist.
 MAILING ADDRESS 1111 N. Saliman Rd.
NE NW Carson City, NV 89701

ADDRESS AT WELL LOCATION 1111 N. Saliman Rd.
Carson City, NV 89701

2. LOCATION 1/4 1/4 Sec 16 T15N R20E
 PERMIT/WAIVER NO. _____
Issued by Water Resources **010-041-64**
 Parcel No. _____

Subdivision Name: _____ County: Carson
 Latitude N39.16829 UTM E _____ NAD 27
 Longitude W119.74679 N _____ NAD 83/WGS 84

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other geothermal

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
DG		0	35	35
Gray Sandy Clays		35	46	11
DG w/clay streaks		46	95	49
Rusty Sandy Clays		95	111	16
Brown Sandy Clays		111	139	28
DG		139	166	27
Gray Sandy Clays		166	211	45
Gray Sands w/gray clay streaks		211	300	89

9. WELL CONSTRUCTION

Depth Drilled 300 Feet Depth Cased 299 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
5 7/8 inches 0 Feet 300 Feet
 _____ inches _____ Feet _____ Feet
 _____ inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet) +5	To (Feet) 299
<u>1"</u>		<u>POLY</u>		

Perforations:
 Type of perforation NONE
 Size of perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 0 to 299 Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Well # 1
Geothermal Heat Loop Grouted from bottom to top with High TC Geothermal Grout. 1" loops 1 per well.

Date started: 5-5, 20 11
 Date completed: 5-6, 20 11

7. Water Level
 Static water level: _____ feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: not tested

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Bruce MacKay Pump & Well Service, Inc.
 (CONTRACTOR)

8. WELL TEST DATA

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

Address 1600 Mt. Rose Hwy
 (CONTRACTOR)
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board 230966
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 923
 Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date 5-25-11