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

OFFICE USE ONLY
Log No. 116952
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. 69858

1. OWNER DALE SMITH
MAILING ADDRESS 4290 GANDER WAY
NEW WASHOE CITY, NV 89704

ADDRESS AT WELL LOCATION 4290 GANDER WAY
NEW WASHOE CITY, NV 89704
Subdivision Name: County: Washoe

2. LOCATION NW ¼ NE ¼ Sec 5 T 16N N/S R 20 E
PERMIT/WAIVER No. DOM 13.28 050-436-03
Issued by Water Resources Parcel No.

Latitude 39.28595*N UTM E ☐ NAD 27
Longitude 119.75692*W N ☒ NAD 83/WGS 84

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	Thickness
OLD 8 5/8 WELL		+2	130	130
COURSE DG SANDS		130	215	85
HARD GRANITE		215	225	10
FRACTURED GRANITE	XXX	225	260	35

Deepns well log unknown
NAD27
39.286039°N
119.755903°W

Date started: 24-Jun , 20 13
Date completed: 27-Jun , 20 13

9. WELL CONSTRUCTION
Depth Drilled 130 Feet Depth Cased 130 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
7 7/8	Inches	130	Feet	260	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	4.26	.216	120	260

Perforations:
Type of perforation SAW CUT
Size of perforation 3 X 3/32
From 220 feet to 240 feet
From feet to 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 N/A to ☐ Pumped ☐ Poured
Type:

7. Water Level
Static water level: 120 feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☒ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
15	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 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 ~~005548~~ 55548
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
Signed Michael F. Hack
By driller performing actual drilling on site or contractor
Date 06/28/2013

RECEIVED
2013 JUN 11 AM 11:
STATE ENGINEER'S OFFICE

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY