

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

**OFFICE USE ONLY**  
Log No. 117866  
Permit No. \_\_\_\_\_  
Basin Q89

**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. 69833

1. OWNER **BART GRAY**  
MAILING ADDRESS **3585 BIGELOW ST  
CARSON CITY, NV 89701**

ADDRESS AT WELL LOCATION **3630 LAKESHORE DR  
NEW WASHOE CITY, NV 89704**  
Subdivision Name: \_\_\_\_\_ County: **Washoe**

2. LOCATION **NE 1/4 SW 1/4 Sec 6 T 16N N/S R 20 E**  
PERMIT/WAIVER No. **050-461-04**  
Issued by Water Resources Parcel No. \_\_\_\_\_

Latitude **39.279615°N** UTM E  NAD 27  
Longitude **119.783466°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	Thick-ness
OVER BURDEN		0	3	3
COURSE DG SANDS		3	9	6
GRAY SILTY SANDS		9	23	14
GRAY CLAY		23	62	39
GRAY AND WHITE SANDS	X	62	87	25
GRAY CLAY		87	120	33
DG SANDS AND GRAY CLAY				
STRATAS	XXX	120	160	40

9. **WELL CONSTRUCTION**

Depth Drilled	Feet	Depth Cased	Feet
160		160	

**HOLE DIAMETER (BIT SIZE)**

From	To
12 Inches	0 Feet 160 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	13.03	.188	+1	20
6 5/8	4.26	.216	20	160
SDR 21				

**Perforations:**

Type of perforation **FACTORY SLOT**  
Size of perforation **.032**

From **140** feet to **160** feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

**Annular Seal:**  Yes  No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	0 to 70	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack:  Yes  No 40 to 160  Pumped  Poured  
Type: **PEAT GRAVEL**

Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
Type: \_\_\_\_\_

Date started: **25-Mar** 20 **13**  
Date completed: **27-Mar** 20 **13**

7. **Water Level**  
Static water level: **45** 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)
25	30	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 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 A. Hark*  
Driller performing actual drilling on site or contractor

Date **03/28/2013**

(Rev. 05-08)

**USE ADDITIONAL SHEETS IF NECESSARY**

**NAD27 39.279615°N, 119.783466°W**