

OFFICE USE ONLY
 Log No. 50070
 Permit No. _____
 Basin 104

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 26315

1. OWNER City of Carson ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS Carson City NEV
3300 Butte Way 89701
 2. LOCATION SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec. 17 T. 15 N/S R. 20 E Carson City County
 PERMIT NO. 15826 04-141-05 purple sage subdivision
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|---|--------------|--------|--------|------------|
| 6-14-95: rig up | | 3:30 | 4:30pm | |
| bail well 245'-300' | | 4:00 | 5:30pm | |
| 6-15-95 bail well 300'-385' | | 8:00am | 10am | |
| prepare and run in 2" trimmie | | 10am | noon | |
| prepare to pump cement | | noon | 1:00pm | |
| pumping cement-10yds 385' - to ground level OK by Mat Dillon | | 1:00 | 3:30 | |
| dig down 2' and cut casing and mushroom w/ cement | | 3:30 | 5:30 | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| From | | To | |
|--------|-------|--------|-------|
| Inches | Feet | Inches | Feet |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| | | | | |
| | | | | |

Perforations:

Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name LAYNE-WESTERN Contractor
 Address WOODLAND CA
275 CR 98 95695
 Nevada contractor's license number issued by the State Contractor's Board 17823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1564
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date _____

Date started _____, 19____
 Date completed _____, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|-----------|-------------------------------|--------------|
| <u>95</u> | <u>21</u> | <u>5</u> |
| | | |
| | | |