



PRINT OR TYPE ONLY  
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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. 32623

1. OWNER Bill & Christine Hass ADDRESS AT WELL LOCATION 23 Canyon DR. Carson City NV. 89701  
 MAILING ADDRESS 23 Canyon DR Carson City NV. 89701  
 2. LOCATION SW 1/4 SW 1/4 Sec. 13 T. 15 R. 19 E. Carson County Carson Canyon  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources \_\_\_\_\_ Parcel No. 7-131-06 Subdivision Name Carson Canyon

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Ran 1" PVC</u>				
<u>To Bottom of</u>				
<u>Well and</u>				
<u>Pumped Full</u>				
<u>of Cement.</u>				
<u>Was un able</u>				
<u>to Set up over</u>				
<u>Due to Location</u>				
<u>and Power Lines</u>				
<u>Over Well.</u>				
<u>Talked to Matt</u>				
<u>on 5-6-97 about</u>				
<u>Locations of old</u>				
<u>Well.</u>				

8. WELL CONSTRUCTION  
 Depth Drilled N/A Feet Depth Cased N/A Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_  
 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  
 Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started 6-30, 1997  
 Date completed 6-30, 1997

9. WATER LEVEL  
 Static water level 80 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. N/A P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

7. WELL TEST DATA

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

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  
 Address 20 Kit Kat DR. Carson City NV. 89706  
 Nevada contractor's license number 41775  
 issued by the State Contractor's Board.  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905  
 Signed Richard Hood  
 By driller performing actual drilling on site or contractor  
 Date 7-1-97

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67382

5-13

MD

OK

