

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 69616
 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. 35050

1. OWNER City of Carson
 MAILING ADDRESS 3300 Butti Way
Carson City, NV 89710

ADDRESS AT WELL LOCATION
East Rop St./Governors Field

2. LOCATION SW 1/4 NE 20 T 15N
 PERMIT NO. W-488 / 63487 1/4 Sec. 20 Parcel No. 4-010-03
 Issued by Water Resources Subdivision Name _____

N/S R 29E E Carson City County

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
Clay top soil		0	15	15
Sand & gravel		15	20	5
Sandy clay		20	140	120
Sand & gravel		140	170	30
Sandy clay		170	180	10
Decomposed granite		180	210	30
Sandy clay		210	260	50
Decomposed granite		260	280	20
Sandy clay		280	310	30
Decomposed granite		310	380	70
Sandy clay		380	385	5
Decomposed granite		385	410	25
Sandy clay		410	600	190
Pump 7 sack grout	4 yds.			

8. WELL CONSTRUCTION
 Depth Drilled 600 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
5 1/4 Inches 0 Feet 600 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ 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

Surface Seal: Yes No Seal Type:
 Depth of Seal 600 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 2 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Good

Date started 10/20/97, 19____
 Date completed 10/29/97, 19____

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Humboldt Drilling & Pump Co., Inc.
 Contractor

Address 4675 W. Winnemucca Blvd
 Contractor

Winnemucca, NV 89445

Nevada contractor's license number issued by the State Contractor's Board 015234

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1154 T1

Signed [Signature]
 By driller performing actual drilling on-site or contractor

Date 11-7-97