

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

OFFICE USE ONLY
Log No. 71319
Permit No. _____
Basin 104

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.360

NOTICE OF INTENT NO. 33602

1. OWNER Les Patterson (CCCA) ADDRESS AT WELL LOCATION 3820 Otha Carson City W. 89701
MAILING ADDRESS 3820 Otha Carson City W. 89701

2. LOCATION N40 1/4 N40 1/4 Sec. 0310 T. 15 S. R. 20 E. Carson County
PERMIT NO. SW SW 8-191-A NOV 29 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 N/A

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Setup over		0	64	64
old well and				
Pump Shed. Pulled				
old pump and				
Washed to 64' set.				
Trimming pipe to				
64' and pumped				
Full of Neat Cement.				
To Surface. Was				
unable to perforate				
Casing because				
of Existing Pump				
House.				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ 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)
6 5/8	12.56	1.56		
	old well			

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: _____
Depth of Seal _____ Neat Cement
Placement Method: Pumped Poured N/A Cement Grout
 Concrete Grout

Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 60 feet below land surface
Artesian flow _____ G.P.M. 1 P.S.I.
Water temperature N/A °F Quality N/A

Date started 1-23-98
Date completed 1-23-98

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>N/A</u>	<u>N/A</u>	<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 Contractor
Address 20 Kit Kat Dr. Carson City W. 89706 Contractor
Nevada contractor's license number issued by the State Contractor's Board 41775
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
Signed M. Reynolds
By driller performing actual drilling on site or contractor
Date 1-23-98