WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 76910
Permit No.
Basin ~~104~~ 704

NOTICE OF INTENT NO. 42223

1. OWNER Carson Tahoe Hospital
MAILING ADDRESS P.O. Box 2168
Carson City, NV. 89702

ADDRESS AT WELL LOCATION
Corner of Sophia and Minnesota
in Carson City, NV.

2. LOCATION NW ¼ NW ¼ Sec. 17 T. 15 N/S R. 20 E. Carson City County

PERMIT NO. (Issued by Water Resources) | Parcel No. 1-201-04 | 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	Thickness
All 5 of these well were filed under 1 intent card. Please observe site map and description of wells and abandonments on attached pages.				
Well 01				
wells 2-6 on next page				

93 MAY -3 AM 11:39

Date started 4/27, 1999
Date completed 4/28, 1999

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	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
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☒ Pumped ☐ Poured

Seal Type:
☒ Neat Cement
☐ Cement Grout
☐ Concrete Grout

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 Carson Pump (Contractor)
Address 1401 North Roop St. (Contractor)
Carson City, NV. 89701

Nevada contractor's license number issued by the State Contractor's Board 39920

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1482

Signed ____ (By driller performing actual drilling on site or contractor)
Date May 1, 1999

(Rev. 3-91)

USE ADDITIONAL SHEETS IF NECESSARY

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