

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. 44105
~~16574~~

1. OWNER CARSON CITY SCHOOL DISTRICT ADDRESS AT WELL LOCATION MW-2
 MAILING ADDRESS 1402 W KING CARSON CITY, NV CARSON CITY SCHOOL DISTRICT BUS FACILITY
1111 N Saliman Rd Carson City NV
 2. LOCATION SW 1/4 NW 1/4 Sec. 16 T. 15 N/R. 20 E CARSON CITY county
 PERMIT NO. M/01070A
 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
<u>ABANDONED WELL</u>				
<u>- pulled 15' pipe</u>				
<u>(5' blank, 10' screen)</u>				
<u>burst bottom cap</u>				
<u>depth of well @ 14.5'</u>				
<u>depth of ground water @ 3.5'</u>				
<u>fill with cement and capped w/ concrete.</u>				

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

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

9. WATER LEVEL
 Static water level: 3.2 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started JUNE 16th, 2000, 19____
 Date completed JUNE 16th, 2000, 19____

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name DALE LEHMAN Contractor
 Address PEZONELLA 4570L Contractor
520 EDISON way, RENO, NV 89502
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1976
 Signed Dale Lehman
 By driller performing actual drilling on site or contractor
 Date 6/21/00