

OFFICE USE ONLY
 Log No. 81129
 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. 16574 ⁴⁴¹⁰⁵

1. OWNER CARSON CITY SCHOOL DISTRICT ADDRESS AT WELL LOCATION MW-6
 MAILING ADDRESS 1402 W KING CARSON CITY SCHOOL DISTRICT BUS FAC
CARSON CITY, NV 1111 N SALIMAN RD, CARSON CITY, NV
 2. LOCATION SW 1/4 NW 1/4 Sec. 16 T 15 N 20 E CARSON CITY County
 PERMIT NO. M/10 1070 A 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
ABANDONED WELL				
attempted to pull pipe w/ no success (pipe broke a couple just below the surface)				
depth of well 14.5				
depth of ground water 3.5				
filled w/ cement + then capped well w/ concrete.				

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

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 3.5 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started _____, 19____
 Date completed _____, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump 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 DEZANELLA ASSOC. Contractor
520 EDISON WY; 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 D. Dale Lehman By driller performing actual drilling on site or contractor
 Date 6/21/00