

OFFICE USE ONLY
 Log No. 82485
 Permit No. 104
 Basin. II

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. 37434

1. OWNER CITY OF CARSON CITY ADDRESS AT WELL LOCATION COLLEGE PLANNING RESEARCH & HOT SPRINGS BLDG.
 MAILING ADDRESS 3302 BUTTE WAY BLDG 1 well # 16
CARSON CITY, NV 89701
 2. LOCATION 1/4 SW 1/4 Sec. 5 T 15 N/S R 20 E CARSON CITY County
 PERMIT NO. D2W 003 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 ARCEL

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|----------------------------------|--------------|-----------|-----------|-----------|
| <u>SILTY SAND</u> | | <u>0</u> | <u>6</u> | |
| <u>SAND-COARSE/SUBG. CONCRET</u> | <u>6</u> | <u>6</u> | <u>10</u> | |
| <u>CEMENTED SAND</u> | | <u>10</u> | <u>22</u> | |
| <u>SAND</u> | | <u>22</u> | <u>26</u> | |
| <u>CLAY</u> | | <u>26</u> | <u>32</u> | |
| <u>CLAY</u> | | <u>32</u> | <u>35</u> | |

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)
34 Inches From 0 Feet To 35 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>8</u> | <u>6</u> | <u>.375</u> | <u>0</u> | <u>35</u> |

Perforations:
 Type perforation SLOT
 Size perforation .030"
 From 15 feet to 35 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal N/A Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 10' feet to 35 feet

9. WATER LEVEL
 Static water level 6 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 VIKING DRILLERS, INC. Contractor
 Address 801 NORTHPORT DRIVE Contractor
WEST SACTO, CA 95691
 Nevada contractor's license number issued by the State Contractor's Board 00044407
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2091
 Signed E. G. K.
 By driller performing actual drilling on site or contractor
 Date 10-9-00

Date started MARCH 3 2000
 Date completed MARCH 3 2000

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 | | | |
| | | | |
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