

OFFICE USE ONLY  
 Log No. 82A86  
 Permit No. 104  
 Basin 1

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. 37134

1. OWNER CITY OF CARSON CITY ADDRESS AT WELL LOCATION COLLEGE PLANN RESEARCH & HOT SPRINGS BLDG.  
 MAILING ADDRESS 3302 BUTTE WAY BLDG 1 CARSON CITY, NV 89701 WELL # 15  
 2. LOCATION 1/4 SW 1/4 Sec 5 T 15 N/S R 20 E CARSON CITY County  
 PERMIT NO. DEW 023 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other  
 4. PROPOSED USE  
 Domestic DEWATER  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>SILTY SAND</u>		<u>0</u>	<u>6</u>	
<u>SAND-COARSE/SLIGHT COHESIVE</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 \_\_\_\_\_

Date started MARCH 3 2000  
 Date completed MARCH 3 2000

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <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 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. C. [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 10-9-00