

OFFICE USE ONLY  
 Log No. 82489  
 Permit No. 104  
 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. 27434

1. OWNER CITY OF CARSON CITY ADDRESS AT WELL LOCATION HOT SPRINGS COLLEGE PARK  
 MAILING ADDRESS 3303 BUTTE WAY BLDG 1 CARSON CITY, NV 89701  
 2. LOCATION 1/4 SW 1/4 Sec. 5 T 15 N/S R 20 E CARSON CITY Well # 27  
 PERMIT NO. \_\_\_\_\_ 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 AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>SILTY SAND</u>	<u>8</u>	<u>0</u>	<u>8</u>	
<u>SAND</u>		<u>8</u>	<u>12</u>	
<u>CLAY</u>		<u>12</u>	<u>14</u>	
<u>SILTY SAND</u>		<u>14</u>	<u>18</u>	
<u>CEMENTED SAND</u>		<u>18</u>	<u>30</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 30 Feet Depth Cased 30 Feet  
 HOLE DIAMETER (BIT SIZE)  
24 Inches 30 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ 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>30</u>

Perforations:  
 Type perforation SCOT  
 Size perforation D30  
 From 10 feet to 30 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ 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 30 feet

9. WATER LEVEL  
 Static water level 8 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started MARCH 6 2000  
 Date completed MARCH 6 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			

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 NORTAPORT DRIVE WEST SACTO, CA 95691 Contractor  
 Nevada contractor's license number 00044407 issued by the State Contractor's Board.  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2091  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 10-9-00