

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 8275
 Permit No. 80
 Basin 80

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **42009**

1. OWNER **PAT DAMATO** ADDRESS AT WELL LOCATION **880 OLD OPHIR RD**
 MAILING ADDRESS **PAT DAMATO** **OLD WASHOE CITY, 89706**
PO BOX 829 CARSON CITY NV 89706

2. LOCATION **NE 1/4 NE 1/4 Sec 26 T 17 N R 19 E** **WASHOE** County
 PERMIT NO. **050-210-16**

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 **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OVER BURDEN		0	3	3
COURSE HARDPAN SANDS		3	7	4
COURSE DG SANDS		7	36	29
BROWN CLAY		36	59	23
BROWN SILTY CLAY		59	110	51
COURSE DG SANDS		110	125	15
FRACTURED DG GRANITE		125	150	25

8. WELL CONSTRUCTION
 Depth Drilled **150** Feet Depth Cased **150** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet
 From **0** Feet To **150** Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	0	150

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3 X 3/32**
 From **125** feet to **145** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **150** feet

9. WATER LEVEL
 Static water level **20** feet below land surface
 Artesian flow _____ G.P.M. **35** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started 9/18/27, 20 **00**
 Date completed 9/18/30, 20 **00**

7. WELL TEST DATE

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	35	35	3 HRS

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **CAPITAL CITY WELL DRILLING**
 (CONTRACTOR)
 Address **20 KIT KAT DR**
 (CONTRACTOR)
CARSON CITY, NV 89706
 Nevada contractor's license number issued by the State Contractor's Board **41775**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1905**
 Signed Michael L. Hack
 By driller performing actual drilling on site or contractor
 Date **10/4/00**