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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. 46397

1. OWNER Dick Hutson ADDRESS AT WELL LOCATION 1079 Overland DR. Carson City N. 89701
 MAILING ADDRESS 1079 Overland DR. Carson City N. 89701
 2. LOCATION NW NE 1/4 Sec. 32 T. 15 S. R. 20 E. CARSON County
 PERMIT NO. R-397 Parcel No. 09-186-05 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 N/A

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Found old well to have debris placed in it. Was unable to perforate or place Treeming Pipe to Bottom. Well was said to collapsed at @ 18'. Acquired a waiver from State to pump full of Neat Cement. Cement although did pass by debris and went on down to the bottom. Pumped full to surface.				

8. WELL CONSTRUCTION
 Depth Drilled old well log Feet Depth Cased 110' 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)
<u>6 5/8</u>	<u>12.34</u>	<u>.156</u>	<u>0</u>	<u>110</u>

Perforations:
 Type perforation N/A
 Size perforation N/A
 From _____ feet to _____ 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 N/A feet to N/A feet

9. WATER LEVEL
 Static water level ~80' feet below land surface
 Artesian flow _____ G.P.M. N/A P.S.I.
 Water temperature N/A °F Quality N/A

Date started 12/14 1901
 Date completed 12/14 1901

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)
<u>N/A</u>		

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. Carson City N. 89706 Contractor
 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 Hack
 By driller performing actual drilling on site or contractor
 Date 12/15/01