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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. 38829

1. OWNER Alice Larson ADDRESS AT WELL LOCATION 2299 Bunchway Carson City
 MAILING ADDRESS 2349 Bunchway Carson City
 2. LOCATION NE 1/4 NE 1/4 Sec 9 T 15 S R 20 E Carson County
 PERMIT NO. 8-174-07 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 N/A

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Set up over				
Existing 6" well				
Perforated 2				
Rows All the				
Way to Bottom				
54' Tagged				
Bottom pulled out				
Pipe, Ran 1/4				
Treeing Pipe to				
Bottom and pumped				
full of Neat Cement				
To Surface				

8. WELL CONSTRUCTION
 Depth Drilled N/A Feet Depth Cased N/A Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____
 Inches _____ Feet _____
 Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1.518</u>		<u>N/A</u>		

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

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

9. WATER LEVEL
 Static water level 15' feet below land surface
 Artesian flow _____ G.P.M. N/A P.S.I.
 Water temperature N/A °F Quality N/A

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 NV 89706 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 41725
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed Michael L Haek
 By driller performing actual drilling on site or contractor
 Date 7-9-98

Date started 7-9, 1998
 Date completed 7-9, 1998

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	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>