

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

OFFICE USE ONLY
Log No. 106102
Permit No. _____
Basin 104

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 61839

1. OWNER COLONIAL BANK
MAILING ADDRESS 2330 S VIRGINIA ST
NE RENO, NV 89502

ADDRESS AT WELL LOCATION 901 S STEWART ST
CARSON CITY, NV 89701
Subdivision Name: _____ County: Carson City

2. LOCATION NW 1/4 NE 1/4 Sec 17 T 15N N/S R 20 E
PERMIT/WAIVER No. NW 1/0-118 Parcel No. 002-171-06

Latitude 39.16901°N UTM E NAD 27
Longitude 119.76421°W N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other ABANDONMENT

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

8. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
RAN A 1 1/2" GALV PIPE TO BOTTOM OF WELL TO MAKE SURE WELL WAS OPEN TO BOTTOM		0	22	22
WELL WAS DRY NO WATER				
PLACED LESS THAN A 1/4 YARD OF NEAT CEMENT FROM BOTTOM TO SURFACE				
<u>N 39.169113</u>				
<u>W 119.763211 NAD 27</u>				
<u>Pluggings of log 78259</u>				
Date started: <u>28-Mar</u> , 20 <u>08</u>				
Date completed: <u>28-Mar</u> , 20 <u>08</u>				

9. WELL CONSTRUCTION				
Depth Drilled	N/A	Feet	Depth Cased	N/A
HOLE DIAMETER (BIT SIZE)				
From		To		
<u>N/A</u>	Inches	Feet	Feet	Feet
	Inches	Feet	Feet	Feet
	Inches	Feet	Feet	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>3 1/2</u>				

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

Annular Seal: Yes No
 Neat Cement N/A to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No N/A to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No N/A to _____ Pumped Poured
Type: _____

7. Water Level
Static water level: DRY feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °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 AND PUMP SERVICE INC.
Contractor

8. 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>

Address # 20 KIT KAT DRIVE
Contractor
CARSON CITY, NV 89706
Nevada contractor's license number
Issued by the State Contractor's Board 0055548
Nevada driller's license number issued by the
Division of Water Resources, the on-site driller 1905
Signed [Signature]
by driller performing actual drilling on site or contractor
Date 04/03/2008

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

2008 MAR 17 PM 1:22