

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

OFFICE USE ONLY
Log No. 114451
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. 67526

1. OWNER TIM & JANET HOWARD ADDRESS AT WELL LOCATION 1713 VALLEY VIEW DR
MAILING ADDRESS 1713 VALLEY VIEW DR CARSON CITY, NV 89701
CARSON CITY, NV 89701 Subdivision Name: _____ County: _____

2. LOCATION SW 1/4 SW 1/4 Sec 28 T 15N N/S R 20 E Latitude 39.13180°N UTM E NAD 27
PERMIT/WAIVER No. DOM 11-08 010-183-01 Longitude 119.74817°W N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
OLD 8 5/8 WELL		0	195	195
HARD DECOMPOSED GRANITE		195	210	15
COURSE DG SANDS		210	275	65
BROWN CLAY		275	293	18
FRACTURED AND SOFT DG SANDS	XXX	293	345	52

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9. WELL CONSTRUCTION				
Depth Drilled	150	Feet	Depth Cased	150
HOLE DIAMETER (BIT SIZE)				
	From	To		
	7 7/8	195	345	Feet
				Feet
				Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	4.26	216	185	345
SDR 21				

Perforations:
Type of perforation FACTORY CUT
Size of perforation .032

From <u>305</u>	feet to	<u>345</u>	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	N/A	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

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

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

Date started: 19-Sep 20 11
Date completed: 21-Sep 20 22

7. Water Level
Static water level: 130 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

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>20</u>	<u>45</u>	<u>3 HRS</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 AND PUMP SERVICE INC.
Contractor
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 Michael Mack
By driller performing actual drilling on site for contractor
Date 09/23/2011

USE ADDITIONAL SHEETS IF NECESSARY 39.131902°N NAD 27
-119.747, 171°W TA