

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

OFFICE USE ONLY
Log No. 117014
Permit No. _____
Basin 089

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. 67533

1. OWNER LYNN LATARTI
MAILING ADDRESS 67 JANETTE DR
CARSON CITY, NV 89706

ADDRESS AT WELL LOCATION 3530 NYE DRIVE
WASHOE VALLEY, NV 89704
Subdivision Name: _____ County: Washoe

2. LOCATION NW 1/4 SE 1/4 Sec 6 T 16N N/S R 20 E
PERMIT/WAIVER No. 050-462-13
Issued by Water Resources Parcel No. _____

Latitude 39.28077°N UTM E NAD 27
Longitude 119.77922°W N NAD-83/WGS 84

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
OVER BURDEN		0	3	3
DG SANDS		3	23	20
COURSE DG SANDS		23	49	26
BROWN CLAY		49	63	14
SILTY GRAY SANDS		63	98	35
CLAY AND DG SANDS		98	120	22
DG SANDS	XX	120	160	40
* See corresponding plugging under NOI# 67780				
Replaces unknown well log which was plugged by log # 113013				

9. WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
160		160	

HOLE DIAMETER (BIT SIZE)			
From	To	From	To
10 5/8	0	160	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)
6 5/8	13.03	.188	+2	20
6 5/8	4.26	.216	20	160
SDR21				

Perforations:			
Type of perforation	Size of perforation	From	To
FACTORY SLOT	.032	120	160
feet to		feet to	feet
feet to		feet to	feet
feet to		feet to	feet
feet to		feet to	feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout 0 to 100 Pumped Poured

Concrete Grout to _____ Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 100 to 160 Pumped Poured

Type: _____ PEAT GRAVEL

Bentonite Chips: Yes No to _____ Pumped Poured

Type: _____

Date started: 15-Nov , 20 11
Date completed: 17-Nov , 20 11

7. Water Level
Static water level: 35 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.	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	20	3 HRS
	20	

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 [Signature]
Driller performing actual drilling at site of contractor
Date 11/21/2011

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

39.280860°N NAD27
119.778203°W Dec/deg