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

OFFICE USE ONLY
Log No. 117679
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. 67782

1. OWNER KATHERN DYER
MAILING ADDRESS 4250 DRAKE WAY
NEW WASHOE CITY, NV 89704

ADDRESS AT WELL LOCATION 4250 DRAKE WAY
CARSON CITY, NV 89704
Subdivision Name: County: Washoe ~~Carson City~~

2. LOCATION NW ¼ NE ¼ Sec 5 T 16N N/S R 20 E
PERMIT/WAIVER No. 50-435-04
*Issued by Water Resources* Parcel No.

Latitude 39.28749*N
Longitude 119.75770*N
UTM E N
☐ NAD 27 ☒ 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

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---|---|---|---|---|
| OLD 6 5/8 WELL | | 0 | 205 | 205 |
| HARD GRANITE | | 205 | 215 | 10 |
| FRACTURED DG GRANITE | XX | 215 | 256 | 41 |
| VERY HARD GRANITE | | 256 | 265 | 9 |

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Date started: 14-May, 20 12
Date completed: 16-May, 20 12

9. WELL CONSTRUCTION
Depth Drilled 265 ~~60~~ Feet Depth Cased 265 ~~60~~ Feet

HOLE DIAMETER (BIT SIZE)

| | | From | | To | |
|---|---|---|---|---|---|
| 6 1/8 | Inches | 205 | Feet | 265 | Feet |
| | Inches | | Feet | | Feet |
| | Inches | | Feet | | Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|---|---|---|---|---|
| 5 1/2 | 3.78 | .215 | 185 | 265 |

Perforations:
Type of perforation FACTORY MILL SLOT
Size of perforation 3 X 3/32
From 225 feet to 265 feet
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:* 135 feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☒ Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|---|---|---|
| 30 | 35 | 3 HRS |

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] (By driller performing actual drilling on site or contractor)
Date 05/17/2012

(Rev. 05-08)
USE ADDITIONAL SHEETS IF NECESSARY

NAD27 39.287579°N, 119.756683°W