

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

OFFICE USE ONLY
 Log No. **87978**
 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. **50392**

1. OWNER **CARSON CITY UTILITIES**
 MAILING ADDRESS **3505 BUTTI WY**
CARSON CITY, NV

ADDRESS AT WELL LOCATION **STEWART ST. NEAR FIRE HOUSE**

2. LOCATION **SW 1/4 SW 1/4 Sec. 17 T 15N N/S R 20E E** County **CARSON**

PERMIT NO. **W-543A** Issued by Water Resources Parcel No. **TRACT OF LAND** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Domestic
 Deepen Abandon Other Municipal/Industrial

4. PROPOSED USE
 Irrigation Test Stock
 Monitor

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOPSOIL & SAND		0	10	10
SANDY CLAY	X	10	25	15
SAND & GRAVEL	X	25	35	10
LARGE GRAVEL-BROWN SAND	X	35	65	30
BLACK, WHITE GRAVEL & SAND		65	80	15
LARGE GRAVEL & SAND		80	100	20
MED GRAVEL & SAND	X	100	120	20
SAND & CLAY		120	130	10
MED GRAVEL & SAND	X	130	165	35
SILTY SAND & CLAY		165	175	10
LARGE GRAVEL & COARSE SAND	X	175	235	60
FINE BLACK/WHITE SAND		235	265	30
BLACK/WHITE SAND & MED GRAVEL		265	290	25
LARGE ROUNDED GRAVEL & SAND		290	300	10
LARGE ANGULAR GRAVEL & SAND		300	320	20

8. WELL CONSTRUCTION
 Depth Drilled **320** Feet Depth Cased **0** Feet

HOLE DIAMETER (BIT SIZE)
 From **5 1/2** Inches To **320** Feet
 From **0** Feet To **320** Feet
 From **0** Feet To **320** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation **NA**
 Size perforation **NA**

From **NA** feet to **NA** feet
 From feet to feet
 From feet to feet
 From feet to feet
 From feet to feet

Surface Seal: Yes No Seal Type:
 Depth of Seal Neat Cement
 Placement Method: Pumped Poured Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **NA** feet to **NA** feet

HOLE CAVING AT 320 AND LOSING RETURN
 LEFT 37' OF SURFACE CASING IN PLACE WITH CAP
 WELDED ON TOP

9. WATER LEVEL
 Static water level feet below land surface
 Artesian flow G.P.M. P.S.I.
 Water temperature °F Quality

Date started **5/3/2002**, 19
 Date completed **5/4/2002**, 19

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

Name **HACKWORTH DRILLING, INC.** Contractor
 Address **P.O. BOX 850** Contractor
ELKO, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board **020582**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1654**

Signed *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **5/7/2002**