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STATE OF NEVADA

DIVISION OF WATER RESOURCES

# WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 88569
Permit No.
Basin 104

NOTICE OF INTENT NO. 49393

1. OWNER RON ~~GOODSMAN~~ GUTZMAN
MAILING ADDRESS ARROWHEAD DRIVE
CARSON CITY, NV 89701

ADDRESS AT WELL LOCATION 2109 ROOP ST
CARSON CITY, NV 89701
LITTLE TIKES CHILD CARE

2. LOCATION SE ¼ SE ¼ Sec 20 T 15 N R 20 E CARSON County

PERMIT NO. R-413 (Issued by Water Resources) 9/093/04 (Parcel No.) (Subdivision Name)

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other

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

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other N/A

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---|---|---|---|---|
| MEASURED DEPT OF | | | | |
| WELL TO 92' | | | | |
| PLACED 90' 1 1/4 DROP | | | | |
| PIPE TO BOTTOM AND | | | | |
| PUMPED FULL OF | | | | |
| NEAT CEMENT TO | | | | |
| SURFACE. DISPLACED | | | | |
| WATER IN WELL OUT | | | | |
| UNTIL CEMENT WAS | | | | |
| THICK AND | | | | |
| CONSISTANT. | | | | |
| CEMENT MIX: 6 BAGS | | | | |
| TO 28 GALLONS H2O | | | | |

Date started 9/15, 20 02
Date completed 9/15, 20 02

7. WELL TEST DATE

TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|---|---|---|
| N/A | N/A | N/A |

8. WELL CONSTRUCTION

Depth Drilled N/A Feet Depth Cased N/A Feet

HOLE DIAMETER (BIT SIZE)

| | From | To |
|---|---|---|
| N/A Inches | Feet | Feet |
| Inches | Feet | Feet |
| Inches | Feet | Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|---|---|---|---|---|
| 6 5/8 | 13.03 | .188 | 0 | 92 |

Perforations:
Type perforation N/A
Size perforation N/A
From N/A feet to 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 N/A ☐ Neat Cement
Placement Method: ☐ Pumped ☐ Cement Grout
☐ Poured ☐ Concrete Grout
Gravel Packed: ☐ Yes ☐ No
From N/A feet to feet

9. WATER LEVEL
Static water level 23 feet below land surface
Artesian flow G.P.M N/A P.S.I
Water temperature COLD °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 (CONTRACTOR)
Address 20 KIT KAT DRIVE (CONTRACTOR)
CARSON CITY, NV 89706
Nevada contractor's license number issued by the State Contractor's Board 41775
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2157
Signed Rick Crane
By driller performing actual drilling on site or contractor
Date 9/15/02

(Rev 3-91) USE ADDITIONAL SHEETS IF NECESSARY

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