

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

OFFICE USE ONLY

Log No. 108648
Permit No. _____
Basin 87

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



1. OWNER Klienfelder/Don Adams ADDRESS AT WELL LOCATION Brierly Way Sparks, NV
MAILING ADDRESS 4835 Longley Lane Reno, NV 89502 Subdivision Name: _____ County: Washoe

2. LOCATION SE 1/4 NW 1/4 Sec 11 T 19 N R 20 E Latitude 39.528 UTM E NAD 27
PERMIT/WAIVER No. N/A Longitude -119.709 N NAD 83/WGS 84

Issued by Water Resources _____ Parcel No. _____

NOTICE OF INTENT NO. 33554

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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>B-3</u>				
<u>Type II</u>		<u>0</u>	<u>1</u>	<u>1</u>
<u>Clay w/gravel</u>		<u>1</u>	<u>10</u>	<u>9</u>
<u>Clay rock</u>		<u>10</u>	<u>19</u>	<u>9</u>
<u>Gravel</u>		<u>19</u>	<u>25</u>	<u>11</u>

39.528088°N
119.707986°W NAD 27 TR

9. WELL CONSTRUCTION
Depth Drilled 25' Feet Depth Cased 25' Feet

HOLE DIAMETER (BIT SIZE)
From 0' To 25'
Inches _____ Feet _____
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0'</u>	<u>25'</u>

Perforations:
Type of perforation Factory slot
Size of perforation .020
From 5' feet to 25' feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0' to 3' Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 4' to 25' Pumped Poured
Type: #3 sand

Bentonite Chips: Yes No 4' to 3' Pumped Poured
Type: Hole plug

7. Water Level
Static water level: 19' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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

Name Elite Drilling Inc. Contractor
Address 4255 W. Post rd. Las Vegas, NV 89118 Contractor
Nevada contractor's license number 0054936 issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M18749

Signed [Signature]
By driller performing actual drilling on-site or contractor

Date 5-11-09

STATE ENGINEER
2009 MAY 18 PM 4:09
RECORDED