

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

OFFICE USE ONLY
Log No. 109542

Permit No. _____
Basin Φ87

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. 65221
P-2F-09-14

1. OWNER Kleinfelder
MAILING ADDRESS 4835 Lonaley Lane
Reno NV 89502

ADDRESS AT WELL LOCATION _____
Subdivision Name _____ County: Washoe

2. LOCATION NE 1/4 Sec 15 T 190 S R 20 E
PERMIT/WAIVER No. M10-1558 034-161-01
Issued by Water Resources Parcel No. _____

Latitude 39.517641°N UTM E 266431.4 NAD 27
Longitude 119.716998°W N 4377538.6 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 HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Pogograd silty sand (SP-sm)</u>		<u>0</u>	<u>2</u>	
<u>Sandy LEAN Clay (CL)</u>		<u>2</u>	<u>6</u>	
<u>FAI Clay (CH)</u>		<u>6</u>	<u>10</u>	
<u>LEAN clay (CL)</u>		<u>10</u>	<u>14</u>	
<u>Pogograd silty sand (SP-sm)</u>		<u>14</u>	<u>16</u>	
<u>Lean clay w/sand (CL)</u>		<u>16</u>	<u>22</u>	
<u>Pogograd clayey sand (SP-SC)</u>		<u>22</u>	<u>46</u>	
<u>Pogograd clayey sand (SP-SC)</u>		<u>46</u>	<u>60</u>	

9. WELL CONSTRUCTION

Depth Drilled 60 Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
<u>6</u> Inches	<u>0</u>	<u>60</u>	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>Sch 80</u>	<u>0</u>	<u>20</u>

Perforations:

Type of perforation har slot

Size of perforation .020

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 60 to 20 Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 21 to 3 Pumped Poured

Type: _____

Bentonite Chips: Yes No 1 to 3 Pumped Poured

Type: 3/8 med chip

Date started: 11/18, 20 09

Date completed: 11/20, 20 09

7. Water Level

Static water level: 13.3 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WDC Contractor

Address PO Box 1411 Contractor

Zamora CA 95698

Issued contractor's license number _____

Issued by the State Contractor's Board 0012852

Nevada driller's license number issued by the Division of Water Resources to on-site driller 1880

Signed [Signature]

Date 11/20/09