

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

OFFICE USE ONLY

109610

Log No. _____

Permit No. _____

Basin φ 83

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 Tahoe-Reno Ind Center LLC
MAILING ADDRESS PO Box 838, Poway, CA, 92074-0838

ADDRESS AT WELL LOCATION 589 London Drive NOTICE OF INTENT NO. 64613

2. LOCATION SW 1/4 NW 1/4 Sec 35 T 20N (N) S R 22 E
PERMIT/WAIVER No. MO-1612 005-041-33
Issued by Water Resources Parcel No.

Subdivision Name: USA Parkway County: Storey
Latitude 39.56056 UTM E NAD 27
Longitude 119.49202 N 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 ODEX

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Backfill		0	15	15
coarse red and black alluvium with some boulders		15	72	57
Red and black volcanic rocks		72	92	20
Fractured weathered red volcanics		92	122	30
39.560653=N 119.491009=W NAD 27 (TA)				
RECORDED 23 APR 9:28				

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
122		122		
HOLE DIAMETER (BIT SIZE)				
From		To		
6 5/8	Inches	0	Feet	122
	Inches		Feet	
	Inches		Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.95	0.218	0	122
schedule 80				

Perforations:
Type of perforation machine slot
Size of perforation .02"
From 92 feet to 122 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 80% Bentonite Grout 0 to 85 Pumped Poured
Gravel Pack: Yes No 85 to 122 Pumped Poured
Type: _____ 1/4" gravel
Bentonite Chips: Yes No 0 to 50 Pumped Poured
Type: Pure Gold medium chips (30%) 0-50ft, 3/8" coated pellets 50-85 ft.

Date started: 21-Nov _____ 20 09
Date completed: 23-Nov _____ 20 09

7. Water Level 54.6 feet below land surface
Static water level: _____
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 19 °F
Quality: good

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
Air lift	5	0	2

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name James L. Wood
Contractor
Address 2730 N Deer Run Road, Carson City, Nv, 89701
Contractor
Nevada contractor's license number _____
issued by the State Contractor's Board
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller FP-2178
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 12/23/2009

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY