

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

OFFICE USE ONLY 109893
Log No. _____
Permit No. _____
Basin 690

**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. 65169

1. OWNER Washoe County School District
MAILING ADDRESS 7495 S. Virginia Street

ADDRESS AT WELL LOCATION Facility ID #D-000728
931 Southwood Blvd. Incline Village, NV

Subdivision Name _____ County: Washoe

2. LOCATION SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 15 T 16N N/S R 18 E
PERMIT/WAIVER No. 127-030-16
Issued by Water Resources Parcel No. _____

Latitude 39°14'49.39"N UTM E NAD 27
Longitude 119°56'47.02"W N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Loose Sand		0	12	12
Clay with Sand		12	18	6
Sand Clay, Gray		18	22	4
Clay with Sand		22	30	8
<u>39,247,145 N</u>				
<u>119,945,372 W</u>				
<u>N40 27 (P)</u>				
2010 JAN 11 11:12:33				

9. WELL CONSTRUCTION					
Depth Drilled	40	Feet	Depth Cased	40	Feet
HOLE DIAMETER (BIT SIZE)					
	From		To		
6	Inches	0	Feet	40	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		SCH 40	0	8

Perforations:				
Type of perforation	Size of perforation	From	feet to	feet
		8	30	feet
				feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout to _____ Pumped Poured

Concrete Grout 0 to 5 Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 8 to 30 Pumped Poured

Type: #3 Sand

Bentonite Chips: Yes No 5 to 8 Pumped Poured

Type: Medium

7. Water Level
Static water level: 27 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"/> Bailer <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 Cascade Drilling, L.P.
Contractor
Address 3632 Omec Circle
Contractor
Rancho Cordova, CA 95742
Nevada contractor's license number issued by the State Contractor's Board C23-0073966
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1977
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 5-Jan-10