WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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. 111377
Permit No.
Basin 106

(replaced NOI# 65432) (1)

NOTICE OF INTENT NO. 65892

1. OWNER Aileen Young
MAILING ADDRESS 1285 Sandstone Dr. Wellington, NV. 89444
ADDRESS AT WELL LOCATION 1285 Sandstone DR.

2. LOCATION 5W ¼ NW ¼ Sec. 9 T. 10 N/S R. 22 E. Douglas County
PERMIT NO. (Issued by Water Resources) Parcel No. 1022-09-001-050 Subdivision Name Topaz Ranch Estates

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Latitude 38° 44.689				
		NAD 27		
Longitude 119° 31.921				
Bentonite chips	3/8	[redacted]		
		25	178	
Cement Grout		0	25	
plugs existing well log #	17002			
38.744,817°N NAD 27 D.D.				
119.532,017°W				

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Date started 6/8/10, 19
Date completed 6/8/10, 19

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
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			0	178'

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal 178'
Placement Method: ☐ Pumped ☒ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Kawchack Pump / Well Serv. Inc. (Contractor)
Address Box 901 (Contractor)
Minden, NV. 89423
Nevada contractor's license number issued by the State Contractor's Board 0021268
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 763
Signed Anthony Kawchack (By driller performing actual drilling on site or contractor)
Date 6/9/10

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY MMH - F (O)-627