

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

OFFICE USE ONLY
Log No. 114627
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. 67640

1. OWNER ARAMARK - LAKE TAHOE
MAILING ADDRESS P.O. Box 12309
Zephyr Cove NV 89448

ADDRESS AT WELL LOCATION 760 Hwy 50
Zephyr Cove Nevada 89448
Subdivision Name: N/A County: Douglas

2. LOCATION SE 1/4 NW 1/4 Sec 10 T 13 N R 18 E
PERMIT/WAIVER No. 2-00012 1318-10-000-002
ND&P#

Latitude N 39° 00' 21.5" UTM E 39,00595 NAD 27
Longitude W 119° 56' 52.3" N 119,94780 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

6. ZC MW 4 LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>A/C</u>		<u>0</u>	<u>3"</u>	<u>3"</u>
<u>brown clayey sand dry</u>		<u>3"</u>	<u>12"</u>	<u>11.75'</u>
<u>moist</u>		<u>12</u>	<u>15</u>	<u>3</u>
<u>SAT</u>	<u>15</u>	<u>15</u>	<u>17</u>	<u>2</u>
<u>brown sandy clay</u>	<u>SAT</u>	<u>17</u>	<u>32</u>	<u>15</u>

9. WELL CONSTRUCTION

Depth Drilled 32 Feet Depth Cased 32 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>9.5</u> Inches	<u>0</u> Feet <u>32</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>		<u>sch 40</u>	<u>32</u>	<u>1/2</u>

Perforations:

Type of perforation slotted screen
Size of perforation 0.010

From 32 feet to 1.2 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 8 to 2 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 2 to 0 Pumped Poured
 ≥80% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 32 to 10 Pumped Poured
Type: Cemex 2/12 Imp's Lastic

Bentonite Chips: Yes No 10 to 8 Pumped Poured
Type: Pure Gold Medium Chips

Date started: 8/18, 20 11
Date completed: 8/18, 20 11

7. Water Level
Static water level: 15 feet below land surface
Artesian Flow: NO G.P.M. _____ P.S.I. _____
Water Temperature: cold °F
Quality: Mucky

8. N/A WELL TEST DATA

TEST METHOD: Bailer Pump 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 Dale Lehman Contractor
Address 520 Edison Way Contractor
Reno NV 89502
Nevada contractor's license number _____
issued by the State Contractor's Board 0062596 RSI Drilling
Nevada driller's license number issued by the M-1976
Division of Water Resources, the on-site driller

Signed Dale Lehman
By driller performing actual drilling on site or contractor
Date 8/23/11

(Rev. 05-09)

USE ADDITIONAL SHEETS IF NECESSARY

39.006042°N NAD27
119.946786°W Dec/Deg