

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

OFFICE USE ONLY
Log No. 117401
Permit No. _____
Basin 102

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 Ron Mossi's ADDRESS AT WELL LOCATION 1575 East Quince
MAILING ADDRESS 1575 East Quince 8 1 County
Silver Springs NV Subdivision Name _____ County: _____
2. LOCATION NW 1/4 SE 1/4 Sec 31 T 18 N R 25 E Latitude 39 22.931 UTM E NAD 27
PERMIT/WAIVER No. DM 13-35 1017 051-07 Longitude 119 13.214 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other _____
4. PROPOSED USE Domestic Irrigation Test Monitor
 Municipal/Industrial Stock _____
5. WELL TYPE Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand</u>		<u>0</u>	<u>5</u>	<u>5</u>
<u>Grey Hard Clay</u>		<u>5</u>	<u>107</u>	<u>102</u>
<u>loose sand to gravel</u>		<u>107</u>	<u>X</u>	
<u>Multic colored Gravel</u>		<u>X</u>	<u>183</u>	<u>76</u>
<u>Dense Brown clay</u>		<u>183</u>		
<u>with sand</u>			<u>190</u>	<u>7</u>

9. WELL CONSTRUCTION
Depth Drilled 190 Feet Depth Cased 190 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 190
11 Inches Feet
Inches Feet
Inches Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
6 5/8 9.0 .188 2 20
6 7/8 9.0 SDR 21 20 190
Perforations:
Type of perforation Factory
Size of perforation 3/32
From 140 feet to 180 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout 4 to 5.7 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 5.7 to 190 Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 7-8-13 20
Date completed: 7-10-13 20

7. Water Level
Static water level: 49' feet below land surface
Artesian Flow: N/A G.P.M. 20+ P.S.I.
Water Temperature: Cold °F
Quality: Clear

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
<u>190'</u>	<u>20+</u>		<u>3</u>
<u>NAD 27</u>			
<u>39,397,267W</u>			
<u>119,219,399W</u>			
<u>Replaces well log # 104939</u>			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name BLAIN DRILLING & PUMP CO INC
Address P.O. Box 1255
Carson City, NV 89702
Contractor
Nevada contractor's license number 46499A
issued by the State Contractor's Board
Nevada driller's license number issued by the 2321
Division of Water Resources, the on-site driller
Signed C. Robinson
By driller performing actual drilling on-site or contractor
Date 7-11-13