

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

OFFICE USE ONLY
Log No. 115221
Permit No. _____
Basin (25)

MW 913-6
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. 70113

1. OWNER Reno Tahoe Airport Authority
MAILING ADDRESS 110 Property Division P.O. Box 12490 Reno NV 89510

ADDRESS AT WELL LOCATION 1551 National Guardway Reno NV 89502
Subdivision Name: _____ County: Washoe

2. LOCATION SE 1/4 SW 1/4 Sec 19 T 19 S R 20 E
PERMIT/WAIVER No. 4100053 State 050
Issued by Water Resources Parcel No. _____

Latitude 39 29 52.25" UTM E 3949847 NAD 27
Longitude -119 46 46.48" N 119779578 NAD 83/WGS 84
39.498864 N 119.782360 W

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 monitor

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown silty sand		0	5'	5'
clay		4	8'	4'
Silty clay		8'	12'	4'
clay		12'	16'	4'
Sand		16'	20'	4'

9. WELL CONSTRUCTION
Depth Drilled 20 Feet Depth Cased 20 Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
10" Inches _____ Feet _____
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>		<u>sch. 40</u>	<u>0</u>	<u>20</u>

Perforations:
Type of perforation Factory slotted
Size of perforation 10/10
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
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 4 to 20 Pumped Poured
Type: 2 1/2" sand
Bentonite Chips: Yes No 2 to 4 Pumped Poured
Type: 3/8" chips

Date started: 9-10-2013
Date completed: 9-10-2013

7. Water Level
Static water level: 12 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>NAD 23</u>			
<u>39.498864 N</u>			
<u>119.7813336 W</u>			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Gress Drilling Contractor
Address 950 Howard Contractor
Matthew on 94553
Nevada contractor's license number
issued by the State Contractor's Board (23-0039113)
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2435
Signed _____
By driller performing actual drilling on-site or contractor
Date 9.30.13