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

OFFICE USE ONLY
Log No. 118911
Permit No.
Basin No. 057

PRINT OR TYPE IN BLACK INK 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. 69849
WELL NAME (If applicable): MW-5

1. OWNER/CLIENT NAME FARHAD NEJABAT
MAILING ADDRESS
1675 VICTORIAN AVE SPARKS NV 89431

DETAILED ADDRESS AT WELL LOCATION 1675 VICTORIAN AVE SPARKS, NV 89431
Subdivision Name: 32' 06"
County: WASHOE

2. PLS LOCATION SE ¼ SW ¼ 05 Sec 19 N/S 20 E
PERMIT/WAIVER NO. _____ 032-125-26
Issued by Water Resources — Current Parcel No.

Latitude 39° 47.11" UTM E _____ ☐ NAD 27
Longitude 119° 49.90" 45 54 UTM N _____ ☒ NAD 83/WGS 84

3. WORKED PERFORMED
☒ New Well ☐ Deepen: Orig WL# _____
☐ Replacement: Original well log # _____
☐ Recondition: Original well log # _____

4. PROPOSED USE
☐ Domestic ☐ Irrigation ☒ Monitor
☐ Mining / Dewater ☐ Com / Ind ☐ Stock
☐ Test / Other ☐ Mun / QM ☐ Rec

5. WELL TYPE
☐ Auger ☐ Rotary ☐ RVC
☐ Air ☐ Mud ☒ Sonic
☐ Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
SEE ATTACHED					
INFO					
4-000327	WCHD case #189				
NAD27					
39.5350890 N					
119.7639770 W					

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Date started: 12-11, 20 12
Date completed: 12-12, 20 12

9. WELL CONSTRUCTION
Depth Drilled: 0 Feet 30 Depth Cased: 30 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
6"	Inches	0	Feet	30	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		SCH40	0	9

PERFORATIONS:
Type of perforation: FACTORY CUT
Size of perforation: .020
From 9 Feet To 29 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

☐ Sanitary Seal		to		
☐ Neat Cement		to	☐ Pumped	☐ Poured
☐ Cement Grout		to	☐ Pumped	☐ Poured
☒ Concrete Grout	0	to 2	☐ Pumped	☒ Poured
☒ Bentonite Chips	2	to 7	☐ Pumped	☒ Poured
☐ Bentonite Grout		to	☐ Pumped	☐ Poured
☐ 15 % ☐ 20 % ☐ Other, explain:				
☐ Gravel Pack [> 0.2 in.]		to	☐ Pumped	☐ Poured
☐ Sand Pack [~~< 0.2 in.~~ 2/12]	7	to 30	☐ Pumped	☒ Poured
☐ Other, explain:		to	☐ Pumped	☐ Poured

7. WATER QUALITIES
Static water level: _____ Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA
Test Method: ☐ Bailer ☐ Pump ☐ Air Lift

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name BOART LONGYEAR
Contractor
Address 7103 WEST AUGUSTA AVE GLENDALE, AZ 85303
Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 0021976
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2270-m
Signed: [signature]
By driller performing actual drilling on site or contractor
Date: 12-21-12

(Rev. 08-12)

USE ADDITIONAL SHEETS IF NECESSARY