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

OFFICE USE ONLY
Log No. 119225
Permit No.
Basin No. 085

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. 67163
WELL NAME *(If applicable)*: MW-8

1. OWNER/CLIENT NAME Jackson Food Stores, Inc.
MAILING ADDRESS 3450 E Commercial Ct
Meridian, ID 83642

DETAILED ADDRESS AT WELL LOCATION Facility ID: 4-000356
8995 La Posada Drive Sparks, NV
Subdivision Name: *County:* Washoe

2. PLS LOCATION SE ¼ SW ¼ 35 Sec 21N N/S 20 E
PERMIT/WAIVER NO. _____ *Issued by Water Resources* | 534-092-04 *Current Parcel No.*

Latitude 39.38188 UTM E _____ ☐ NAD 27
Longitude -119.42373 UTM N _____ ☒ NAD 83/WGS 84

3. WORKED PERFORMED
☒ New Well ☐ Deepen: Orig WL# _____
☐ Replacement: Original well log # _____
☐ Reconditon: 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
Brown Sand, hard pan			0	25	25
Brown sand			25	40	15

Date started: 18-Dec , 20 13
Date completed: 18-Dec , 20 13

9. WELL CONSTRUCTION
Depth Drilled: 40 Feet Depth Cased: 40 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
8	Inches	0	Feet	40	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		Sch 40	0	40

PERFORATIONS:
Type of perforation: Slot
Size of perforation: 0.02
From 25 Feet To 40 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

☐ Sanitary Seal		to	☐ Pumped	☐ Poured
☐ Neat Cement		to	☐ Pumped	☐ Poured
☒ Cement Grout	1	to 21	☒ Pumped	☐ Poured
☒ Concrete Grout	0	to 1	☐ Pumped	☒ Poured
☒ Bentonite Chips	21	to 23	☐ Pumped	☒ Poured
☐ Bentonite Grout		to	☐ Pumped	☐ Poured
☐ 15 % ☐ 20 % ☐ Other, explain:				
☐ Gravel Pack [> 0.2 in.]		to	☐ Pumped	☐ Poured
☒ Sand Pack [< 0.2 in.]	23	to 40	☐ Pumped	☒ Poured
☐ Other, explain:		to	☐ Pumped	☐ Poured

7. WATER QUALITIES
Static water level: 33 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)
NAD 27		39.638645°N	
		119.709340°W	

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Cascade Drilling, L.P. *Contractor*
Address 3000 Duluth Street West Sacramento, CA 95691 *Contractor*
Nevada contractor's license number as issued by the *State Contractor's Board:* 73966
Nevada well driller's license number as issued by the *Nevada Division of Water Resources (on-site driller):* 1977
Signed: _____ *By driller performing actual drilling on site or contractor*
Date: 26-Dec-13

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(Rev. 08-12) **USE ADDITIONAL SHEETS IF NECESSARY**