

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

OFFICE USE ONLY
Log No. 120676
Permit No. _____
Basin 104

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 514.170 and NAC 514.340

37785
NOTICE OF INTENT NO. 37784

1. OWNER NDEP AS-3
MAILING ADDRESS 901 S STEWART ST STE 4001
CARSON CITY NV 89701

ADDRESS AT WELL LOCATION 2152 N. Carson ST
Carson City NV. 89706-2254
Subdivision Name _____ County _____

2. LOCATION SW 1/4 NW 1/4 Sec 8 T 15N N/S R 20E
PERMIT/WAIVER No. AS-3
Issued by Water Resources _____ Parcel No. _____

Latitude 39 10' 49.41" UTM/E _____ NAD 27
Longitude 119 46' 03.92" N _____ 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. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sandy silts</u>		<u>0</u>	<u>15</u>	
	<u>12'</u>			
<u>Ground sand silts</u>		<u>15</u>	<u>22 1/2</u>	

9. WELL CONSTRUCTION

Depth Drilled 22 1/2 Feet Depth Cased 22 Feet

HOLE DIAMETER (BIT SIZE)

8" From 0 To 22 1/2
Inches Feet Feet Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1 3/8</u>	<u>0.32</u>	<u>6.1333</u>	<u>0</u>	<u>20'</u>

Perforations

Type of perforation DVC
Size of perforation 020 grt pack

From 20 feet to 22 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Angular Seal Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 2' to 12' Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 19 to 22 1/2 Pumped Poured
Type: #3 sand

Bentonite Chips: Yes No 12 to 19 Pumped Poured
Type: _____

Date started: 8/25 20 14
Date completed: 8/25 20 14

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

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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STATE ENGINEERS OFFICE

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name National EWP Contractor
Address 5241 Scherville St
Las Vegas NV
Nevada contractor's license number 0075355
issued by the State Contractor's Board
Nevada driller's license number issued by the 2992
Division of Water Resources, the on site driller
Signed [Signature]
By driller or authorized drilling on site or contractor
Date 8-25-14

USE ADDITIONAL SHEETS IF NECESSARY