

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT
 CTM 137- S

OFFICE USE ONLY
 Log No. 120891
 Permit No. _____
 Basin 087

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. 717989

1. OWNER WASHOE COUNTY ADDRESS AT WELL LOCATION ON 20th ST BETWEEN
 MAILING ADDRESS 1930 ENERGY WAY PRAIRIE AND C ST.
RENO, NV 89502 Subdivision Name: _____ County: WASHOE

2. LOCATION SE 1/4 NE 1/4 Sec 6 T 19 S R 20 E Latitude 39° 32' 34" UTM E 261698 NAD 27
 PERMIT/WAIVER No. _____ Longitude 119° 46' 23" N 438 0476 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 Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other SONIC

5. WELL TYPE

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SEE ATTACHED WITH LOG				
NAD 27 39.542778°N 119.773056°W				

9. WELL CONSTRUCTION

Depth Drilled 24 Feet Depth Cased 24 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> Inches	<u>0</u> Feet <u>24</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>SCH 80 PVC</u>	<u>0</u>	<u>24</u>

Perforations:

Type of perforation FACTORY SLOT
 Size of perforation .020

From	feet to	feet
<u>24</u>	<u>19</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>0</u> to <u>16</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 24 to 19 Pumped Poured
 Type: 2x12 MONTEREY / # 30 FINE

Bentonite Chips: Yes No 18 to 16 Pumped Poured
 Type: MEDIUM

7. Water Level

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

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 type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION

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

Name CASCADE DRILLING Contractor
 Address 230 E. SYONEY DR Contractor
MC CARRON, NV 89437
 Nevada contractor's license number 73966
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2434

Signed K.Z. Wheeler
 By driller performing actual drilling on-site or contractor
 Date 9-10-14