

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

OFFICE USE ONLY
Log No. 122037
Permit No. _____
Basin No. 105

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. 20831
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Bruce Sanford
MAILING ADDRESS 103 Wellington Ave Reno NV 89444

DETAILED ADDRESS AT WELL LOCATION 1895 Cooke # Lane
Subdivision Name: _____ County: Douglas

2. PLS LOCATION NW 1/4 NE 1/4 12 Sec 12 N/S 20 E
PERMIT/WAIVER NO. DM 14-03 1220 12-111-005
Issued by Water Resources Current Parcel No.

Latitude 38° 55' 39" UTM E NAD 27
Longitude 119° 41' 25.5" 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 Other

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG					
Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
SAND-ROCKS			0	9	9
Cobbles			9	62	53
clay			62	84	22
Rock			84	121	37
clay - Brown			121	165	44
chip Rock		X	165	230	65
Small Gravel		X	230	260	30

9. WELL CONSTRUCTION			
Depth Drilled:	Feet	Depth Cased:	Feet
360		260	

HOLE DIAMETER (BIT SIZE)			
Inches	From	To	Feet
11	0	260	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12	.187	11	20
6	50R21		20	260

PERFORATIONS:
Type of perforation: factory screen
Size of perforation: .410
From 220 Feet To 260 Feet

ANNULAR MATERIALS
 Sanitary Seal _____ to _____
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 0 to 20 Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] _____ to _____ Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 1-31 , 20 14
Date completed: 2-2 , 20 14

7. WATER QUALITIES
Static water level: 110 Feet below land surface
Artesian Flow: NA G.P.M. _____ P.S.I.
Water Temperature: COOL ° Fahrenheit
Water Quality: Clear

8. WELL TEST DATA			
Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
	<u>254</u>		<u>2.5</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name: BLAIN DRILLING & PUMP CO INC.
Address: P.O. Box 1255 Carson City, NV 89702
Nevada contractor's license number as issued by the State Contractor's Board: 464984
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2139
Signed: [Signature]
Date: 2-15-14