

MW-1
 STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 122d17
 Permit No. _____
 Basin 083

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. 71805

1. OWNER DENNIS SMOCK ADDRESS AT WELL LOCATION 125 LONDON DR
 MAILING ADDRESS 125 LONDON DR SPARKS, NV 89434 Subdivision Name: _____ County: STORY
 2. LOCATION NE 1/4 NW 1/4 Sec 34 T 20 S R 22 E Latitude 39° 33' 42" N UTM E NAD 27
 PERMIT/WAIVER No. M70 1982 005-031-09 Longitude 119° 30' 10.5" W 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 Stock
 Municipal/Industrial Monitor
 5. WELL TYPE
 Cable Rotary RVC
 Air Other SONIC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
FILL SAND/GRAVEL		0	2	2
LARGE COBBLES		2	5	3
SILTY GREY SAND		5	9	4
COBBLES	YES	9	24	15

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Mad 27
39.561754° N
119.501905° W

9. WELL CONSTRUCTION
 Depth Drilled 24 Feet Depth Cased 24' Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 24 Feet
 Inches _____ Feet _____
 Inches _____ Feet _____
 Inches _____ Feet _____
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>		<u>SCH 40 PVC</u>	<u>0</u>	<u>24</u>

 Perforations:
 Type of perforation FACTORY SLOT
 Size of perforation .020
 From 24 feet to 9 feet
 From _____ feet to _____ feet
 Annular Seal: Yes No
 Neat Cement 5 to 0 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 24 to 7 Pumped Poured
 Type: # 3 SILICA
 Bentonite Chips: Yes No 7 to 5 Pumped Poured
 Type: MEDIUM

Date started: 3-2- , 20 15
 Date completed: 4-2- , 20 15

7. Water Level
 Static water level: 10 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"/> Bailer <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 STONEY DR Contractor
M^o CARLAN, NV
 Nevada contractor's license number _____
 issued by the State Contractor's Board 79366 73966
 Nevada driller's license number issued by the 2434
 Division of Water Resources, the on-site driller _____
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 4-4-15