

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

FORM 04 CTM-120

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 123598
Permit No. _____
Basin 087

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 73000

1. OWNER WASHOE COUNTY ADDRESS AT WELL LOCATION 'K' STREET AND
MAILING ADDRESS PO BOX 11130 Subdivision Name: SULLIVAN
RENO, NV 89520 County: WASHOE
2. LOCATION S1/4 NW1/4 Sec 86 T 19 N/S/R 20 E Latitude 39°32'35" UTM E NAD 27
PERMIT/WAIVER No. M/O-2022 CITY STREET Longitude 119°46'16" N 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 Monitor
 Municipal/Industrial Stock
5. WELL TYPE
 Cable Rotary RVC
 Air Other SONIC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SEE ATTACHED				
LITH LOG				

9. WELL CONSTRUCTION

Depth Drilled 53 Feet Depth Cased 53 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>9"</u> Inches	<u>0</u> Feet <u>55</u> 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>53</u>
<u>2"</u>		<u>SCH 80 PVC</u>	<u>0</u>	<u>29</u>

Perforations:

Type of perforation FACTORY SLOT
Size of perforation .020

From	feet to	feet to	feet
<u>53</u>	<u>46</u>		
<u>29</u>	<u>23.5</u>		

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>21</u> to <u>0</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 53 to 42.5 Pumped Poured
Type: #3 MONTEREY + 29 → 22.5

Bentonite Chips: Yes No 42.5 to 29 Pumped Poured
Type: MEDIUM

Date started: 10-5, 20 15
Date completed: 10-5, 20 15

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"/> 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 3000 DULUTH ST Contractor
W. SACRAMENTO, CA.
Nevada contractor's license number _____
issued by the State Contractor's Board 73966
Nevada driller's license number issued by the 2434
Division of Water Resources, the on-site driller
Signed K. Cheep
By driller performing actual drilling on-site or contractor
Date 10-5-15