

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

OFFICE USE ONLY  
Log No. 123659  
Permit No. \_\_\_\_\_  
Basin No. 083

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. 79712  
WELL NAME (If applicable): W01 VB

1. OWNER/CLIENT NAME Tahoe-Reno Industrial Center, LLC  
MAILING ADDRESS PO Box 838 Poway, CA 92074

DETAILED ADDRESS AT WELL LOCATION Reno

2. PLS LOCATION NE 1/4 SW 1/4 32 Sec 20N N/S 22 E  
PERMIT/WAIVER NO. NA  
Issued by Water Resources Current Parcel No.

Subdivision Name: \_\_\_\_\_ County: Storey  
Latitude \_\_\_\_\_ UTM E 281674  NAD 27  
Longitude \_\_\_\_\_ UTM N 4381679  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

5. WELL TYPE  
 Auger  Rotary  RVC  
 Air  Mud  Sonic  
 Other

6. LITHOLOGIC LOG				
Material Encountered	Lost Circ.	Water Strata	From	To
Alluvium and sand			0	405
Dark gray volcanic			405	520
Dark gray and maroon volcan			520	660
Red volcanic			660	700
Black and gray volcanic			700	910
Red and orange volcanic			910	1000
Gray volcanic			1000	1160
All casing pulled in test well Hole abandoned from 1160 to 20 ft with Abantonite 0 to 20 feet surface seal with neat cement				
<u>NAD 27</u>				
<u>39.557124</u>				
<u>119.540200</u>				

9. INSTRUCTION  
Depth Drilled: 1160 Feet Depth Cased: 0 Feet

HOLE DIAMETER (BIT SIZE)			
From	To	From	To
10	Inches 0	Feet 340	Feet
8.375	Inches 70	Feet 340	Feet
6.25	Inches 340	Feet 1160	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/FL (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10		0.250	0	70
7.625		0.250	70	340

ANNULAR MATERIALS  
Sanitary Seal  Yes  No  
 Neat Cement 0 to 20 feet  Pumped  Poured  
 Cement Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Concrete Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Bentonite Chlps \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Gravel Pack [ > 0.2 in. ] \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Sand Pack [ < 0.2 in. ] \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Other, explain: \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

PERFORATIONS:  
Type of perforation: NA  
Size of perforation: NA  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet

Date started: September 30, 20 15  
Date completed: October 8, 20 15

7. WATER QUALITIES  
Static water level: 77 Feet below land surface  
Artesian Flow: No G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: 89 ° Fahrenheit  
Water Quality: Clear

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision. This report is true to the best of my knowledge.  
Name Boart Longyear Nevada Contractor  
Address PO Box 2748 Elko, NV 89803 Contractor

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift	Recorded Time (Hours)
G.P.M.		Draw Down (Feet Below Static)		

Nevada contractor's license number as Issued by the State Contractor's Board: 0021976  
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2450  
Signed: [Signature]  
Date: 10/09/15  
By driller performing actual drilling on site or contractor.

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*Plugged at time of drilling*

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### NOTICE OF INTENT

No. 73712

Today's Date: 8-31-15

Intended Start Date: 9-4-15

Well ID (if applicable): W01

Type of Work to be Done: Drilling:  Deepening:  Reconditioning:  Plugging:

Is this a replacement well? Yes  No

If there is an existing well, what is the well log number? 63437

Proposed use of well: Test

Diameter of well: 5.5 inches

Number of wells: 1

If this well is a domestic well, is it located within a water purveyor's service area? Yes  No  If yes, what is the DOM waiver: NA

If this is a monitor well required by another government agency, what is the facility ID number? NA Agency: NA

If this well is being completed under a waiver, please provide the corresponding waiver number: NA

If a water right is associated with this well, what is the permit number? 61778

Location of the well by Public Land Survey: NE 1/4 SW 1/4 Sec. 32 T 20 N S R 22 E

Latitude: \_\_\_\_\_ UTM E 281674  NAD 27

Longitude: \_\_\_\_\_ or UTM N 4381679  NAD 83/WGS 84

Address at well location: Reed

Assessor Parcel Number: 04-090-20

County: Storey Subdivision Name: \_\_\_\_\_

Name of Client: Tahoe-Reed Industrial Center, LLC

Address of Client: PO Box 838 Poway, CA. 92074

Contractor's License Number: 0021976 On-Site Driller's License Number: 2450

Company Name and Address: Boast Longyear Co. PO Box 2748 Elko NV 89803

Need Log Forms  Need Intent Cards

(Rev. 1-14)

Driller's Signature: Aaron Stone

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**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF WATER RESOURCES**

901 South Stewart Street, Suite 2002  
Carson City, Nevada 89701-5250  
(775) 684-2800 · Fax (775) 684-2811  
<http://water.nv.gov>

**NOTICE OF INTENT CARD  
APPROVAL FORM**

To: Boart Longyear - Aaron

Date: 09/01/2015

Facsimile No.: 775-753-5278

or E-mail Address: aaron.ogle@boartlongyear.com

This document was:  E-mailed  Faxed

NOI Card Number: 73712, 73713

Approved

Rejected (See reasons below)

Work performed	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Proposed use of well	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Intended start date	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Waiver/Permit number if applicable	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Well location (legal description, GPS coordinates)	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Parcel number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Address at well location	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Permit number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Waiver number or NDEP Facility ID Number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Address of Client	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Name of client/owner	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Contractor's license number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Onsite well driller's license number	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Drilling company name/address	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Driller's signature	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Replacement well	Yes	<input type="checkbox"/>		

**If yes, existing well must be plugged at time the replacement well is drilled, pursuant to NAC 534.300 Replacement Well.**

**Instructions: TEST HOLES MUST BE PLUGGED WITHIN 60 DAYS OF COMPLETION.**

Person reviewing NOI Card: Jake Echeverria (775) 684-2813

Date reviewed: 09/01/2015

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