

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

OFFICE USE ONLY
Log No. 124359
Permit No. 31191
Basin No. 087

**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. 72031
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Tom Belaustequi
MAILING ADDRESS 4205 Ross Drive Reno, NV 89519

DETAILED ADDRESS AT WELL LOCATION _____
4205 Ross Drive Reno, NV 89519

2. PLS LOCATION SW ¼ NE ¼ 20 Sec 19 N/S 19 E
PERMIT/WAIVER NO. 31191 009-120-47
issued by Water Resources Current Parcel No.

Subdivision Name _____ County: Washoe
Latitude 39.49795 UTM E NAD 27
Longitude -119.87023 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# 18196
 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 Strate	From	To
grey and gravel			187	220
grey rock			220	304
TD 304				
<u>NAD 27</u>				
<u>39.498039</u>				
<u>119.869202</u>				

9. INSTRUCTION
Depth Drilled: 304 Feet Depth Cased: 304 Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
<u>6 1/4</u> Inches	<u>187</u> Feet	<u>304</u> Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5 9/16</u>	<u>10.79</u>	<u>0.188</u>	<u>164</u>	<u>304</u>

ANNULAR MATERIALS
Sanitary Seal Yes No

<input type="checkbox"/> Neat Cement _____ to _____	<input 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"/> Bentonite Chips _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Other, explain: <u>Inplace</u> to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

PERFORATIONS:
Type of perforation: factory
Size of perforation: 3/32 x 3

From <u>284</u> Feet	To <u>304</u> Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet

Date started: 18-Jan , 20 16
Date completed: 20-Jan , 20 16

7. WATER QUALITIES
Static water level: 80 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 70 ° 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>20+</u>		<u>1.5 hours</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name A.S.A.P. Pump & Well Service, LLC. Contractor
Address P.O. Box 60130 Reno, Nevada 89506 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 35387C
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2362
Signed: [Signature]
Date: 1-21-16

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

Deepening well log 18196