

OFFICE USE ONLY  
 Log No. 4109  
 Permit No. \_\_\_\_\_  
 Basin 92A

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 18984

1. OWNER D-500 ADDRESS AT WELL LOCATION 11451 OSAGE  
 MAILING ADDRESS 1637 E St Sparks Ct Red Rock Nev.  
1140 89431  
 2. LOCATION NE 1/4 SE 1/4 Sec 25 T 21 N R 18 E Washoe County  
 PERMIT NO. 86-350-39  
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other Hand

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>The composed gravel &amp; sand</u>		<u>0</u>	<u>100</u>	<u>100</u>
<u>gravel</u>		<u>100</u>	<u>145</u>	<u>45</u>
<u>clay</u>		<u>145</u>	<u>150</u>	<u>5</u>

8. WELL CONSTRUCTION  
 Depth Drilled 150 Feet Depth Cased 150 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10" To 150  
 Inches Feet  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Inches Feet  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.97</u>	<u>188</u>	<u>0</u>	<u>250</u>

Perforations:  
 Type perforation mill slot  
 Size perforation standard 1/8  
 From 110 feet to 140 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From 50 feet to 150 feet

9. WATER LEVEL  
 Static water level 15' feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cold °F Quality good

Date started 4-15- 1993  
 Date completed 4-19- 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>50-75</u>		<u>2 hrs.</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name MEKay Drilling  
 Address 2790 Pioneer Drive Reno Nevada 89509  
 Nevada contractor's license number issued by the State Contractor's Board 14170  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1476  
 Signed MIKE FOUST  
 By driller performing actual drilling on site or contractor  
 Date 4-20-93

93 MAY -6 AM 11:35  
 STATE ENGINEERS OFFICE