

OFFICE USE ONLY
Log No. 108945
Permit No. _____
Basin 87

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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. 21866

1. Consultant: HARDING LAWSON ASSOCIATES Client: _____
 1. -OWNER _____ ADDRESS AT WELL LOCATION: NDOT
 MAILING ADDRESS: 961 Matley Lane, Suite 110 Nugget Avenue
Reno, Nevada 89502 Sparks, Nevada

2. LOCATION: NE 1/4 NE 1/4 Sec 8 T 19N N/S R 20 E Washoe County
 PERMIT NO. MW-816 WELL # 4 032-220-71 Pyramid & I-80 Interchange
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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
MONITOR WELL #4				
Static water level @14.0 feet				
Total Depth @29.9 feet				
Install tremie pipe to bottom				
Mix & pressure pump neat cement to fill casing to top				
3.5 sacks cement used				
Well is located in Nugget Casino side walk. Surface completion not removed				
Equipment used: Tremie pipe Cement pump				
Materials used: 3.5 sacks Portlan Cement Type II				
Location: 25.7 feet N of Parking Garage 56.7 feet E of Support Pilar				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From	To
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WAYNE DRILLING, INC. Contractor
 Address P.O. BOX 12370 Contractor
RENO, NEVADA 89510

Nevada contractor's license number 0022549
 issued by the State Contractor's Board.

Nevada driller's license number issued by the 908
 Division of Water Resources, the on-site driller.

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date August 4, 1997

Date started 7-30-97, 19_____
 Date completed 7-30-97, 19_____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)