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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

Consultant: SUMMIT ENVIROSOLUTIONS Client: NOTICE OF INTENT NO. 37842  
 1. OWNER: SUMMIT ENVIROSOLUTIONS ADDRESS AT WELL LOCATION: SOUTHWEST GAS CORPORATION  
 MAILING ADDRESS: 1475 Terminal Way, Suite B 250 So. Carson Street  
Reno, Nevada 89502 Carson City, Nevada 89701  
 2. LOCATION: NE 1/4 NW 1/4 Sec. 29 T. 15N N/S R. 20 E. Carson City County  
 PERMIT NO. M/O 701 A & B SVE | 9-111-07 Carson City Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_

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
Static water level: 9 feet				
Total Depth: 21 feet				
1. Measure SWL & TD				
2. Glue threaded adapter to existing casing				
3. Set tremie pipe to bottom of casing				
4. pump neat cement from bottom to surface approx 3/4 sack				
5. Pull tremie, fill casing & attach from cement pump directly to casing				
6. Pump cement @100 PSI squeezing cement through perforation into surrounding formation approx 3/4 sack.				
When pressure increases, discontinue pumping				
Equipment: High pressure cement pump & mixer 3/4" dia tremie pipe				
Materials: Approx 1 1/2 sacks Portland Cement Type II				
Location: Approx 25 feet South of Ben Franklin Craft Store in parking lot. 1 well in a group of 14 wells Soil Vapor Extraction Wells				

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)
2 1/2				

Perforations:

Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_

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

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

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started 2-23-98, 19\_\_\_\_  
 Date completed 2-23-98, 19\_\_\_\_

7. WELL TEST DATA

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

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 issued by the State Contractor's Board 0022549  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 908

Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date March 4, 1998