

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

OFFICE USE ONLY
 Log No. 77133
 Permit No. _____
 Basin _____

PRINT OR TYPE 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 INVENT NO. 3905

1. OWNER Gary Pipkin
 MAILING ADDRESS 655 Encanto Sparks, NV 89436

2. LOCATION NW 1/4 NW 1/4 Sec. 17 T 21 N/S R 21 E Washoe County

PERMIT NO. 076-310-05 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
Weathered granite	X	480	520	
Fractured salt & pepper granite		520	530	10
T.D. 530'				

8. WELL CONSTRUCTION
 Depth Drilled 530 Feet Depth Cased 530 Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
6 1/8 Inches	480	530	Feet
Inches			Feet
Inches			Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	6.56	.188	470	530

Perforations:
 Type perforation Factory sawed
 Size perforation 3/32x3

From	To
490 feet	510 feet

Surface Seal: Yes No
 Depth of Seal in place
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 322 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °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 A.S.A.P. Pump & Well Service, Inc Contractor
 Address P.O. Box 60130 Contractor
Reno, NV 89506
 Nevada contractor's license number issued by the State Contractor's Board 35387-A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2066
 Signed Larry Welch
 By driller performing actual drilling on-site or contractor
 Date 7/22/99

Date started 7/14/99, 19____
 Date completed 7/16/99, 19____

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>20</u>		<u>2 hours</u>