WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 81092
Permit No.
Basin 105

NOTICE OF INTENT NO. 20313

1. OWNER R.C. Walters 9 WELLS
MAILING ADDRESS Santa Rosa CA
ADDRESS AT WELL LOCATION 1990 HWY 395 Minden NV

2. LOCATION ____ ¼ ____ ¼ Sec. 30 T. 13 N/S R. 20 E/W Douglas County
PERMIT NO. DEW-25 (Issued by Water Resources) 1320-30-101-001 (Parcel No.) ____ (Subdivision Name)

3. WORK PERFORMED
☒ New Well ☐ Replace ☐ Recondition
☐ Deepen ☐ Abandon ☐ Other ____

4. PROPOSED USE
☐ Domestic (Dewatering) ☐ Irrigation ☐ Test
☒ Municipal/Industrial ☐ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☒ Other Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
#1 Top Soil		0	5	
Med-Coarse Sand		5	16	
Coarse Sand + gravel w/ cobbles		16	30	
Med Coarse Sand		30	45	
Wells #2 thru #9 All same mat. in the same Parcell Area, for temporary use only				

Date started 5-15-0, 19____
Date completed 5-15-0, 19____

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

8. WELL CONSTRUCTION
Depth Drilled 45 Feet Depth Cased 45 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
24 Inches	0 Feet	45 Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	PVC	Sch 40	0	45

Perforations:
Type perforation Slot
Size perforation .035
From ____ feet to ____ feet
From ____ feet to ____ feet
From 10 feet to E/S feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☒ No
Depth of Seal ____
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☒ Yes ☐ No
From 0 feet to 45 feet

9. WATER LEVEL
Static water level 5 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 Griffin Dewatering (Contractor)
Address 536 E Maitland (Contractor)
Ontario CA
Nevada contractor's license number issued by the State Contractor's Board 31246
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1968
Signed [signature] (By driller performing actual drilling on site or contractor)
Date 5-30-

I

(Rev. 3-91)

USE ADDITIONAL SHEETS IF NECESSARY

(O)-627