

OFFICE USE ONLY
Log No. 82232
Permit No. _____
Basin. 87

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. 44140

1. OWNER Ms. Rebecca Holmes (Edgewood Prop.) ADDRESS AT WELL LOCATION same
MAILING ADDRESS 800 E. Nichols Blvd Sparks NV 89434
2. LOCATION SW 1/4 SW 1/4 Sec 3 T 19 N 20 E Washoe County
PERMIT NO. M10-1208 Parcel No. 037-012-02 Subdivision Name Jansbreek Village Apts
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. MWS LITHOLOGIC LOG B4

Material	Water Strata	From	To	Thick-ness
A/C		0	0 ⁵	0 ⁵
basalt		0 ⁵	1 ²	0 ⁵
clay (CH)		1 ²	3 ²	2 ⁰
clayey sand (SC)		3 ²	3 ⁵	0 ⁵
clay (CH)		3 ⁵	4 ⁰	0 ⁵
clayey sand (SC)		4 ⁰	4 ⁵	0 ⁵
clay (CH)		4 ⁵	9 ⁰	4 ⁵
clayey sand (SC)		9 ⁰	11 ⁰	2 ⁰
Gravels (GP)	<u>19⁰</u>	11 ⁰	24 ⁰	13 ⁰

8. WELL CONSTRUCTION
Depth Drilled 24 Feet Depth Cased 24 Feet
HOLE DIAMETER (BIT SIZE)
From To
7.5 Inches 0 Feet 24 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>	<u>0.70</u>	<u>0.308</u>	<u>0</u>	<u>24</u>

Perforations:
Type perforation slotted
Size perforation 0.020
From 5 feet to 24 feet
From _____ feet to _____ feet

Surface Seal: Yes No (1-3') Seal Type:
Depth of Seal 0-3 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Bentonite Concrete Grout
Gravel Packed: Yes No
From 3 feet to 26 feet

9. WATER LEVEL
Static water level 19⁰ feet below land surface
Artesian flow NO G.P.M. N/A P.S.I.
Water temperature WARM °F Quality Mucky

Date started 1/4/01, 19____
Date completed 1/4/01, 19____

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Dale A Lehman Contractor
Address 520 Edison Way Reno NV 89502 Contractor
Nevada contractor's license number issued by the State Contractor's Board _____
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1976
Signed Dale A. Lehman
By driller performing actual drilling on site or contractor
Date 1/4/01