

OFFICE USE ONLY  
Log No. 83619  
Permit No. \_\_\_\_\_  
Basin 87  
20320

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. 20320

1. OWNER K6 Watters ADDRESS AT WELL LOCATION \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

2. LOCATION NE 1/4 NW 1/4 Sec. 4 T. 18 N. R. 30 E. WASHOE County  
PERMIT NO. DEC 25 022-220-04 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 BEY

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>F. 11</u>		<u>0</u>	<u>8</u>	
<u>Dirty Sand</u>		<u>8</u>	<u>17</u>	
<u>Silty Sand w/ Clay lenses</u>		<u>17</u>	<u>23</u>	
<u>Silty Sand</u>		<u>23</u>	<u>25</u>	
<u>Clay w/ Sand lenses</u>		<u>25</u>	<u>41</u>	
<u>Sand (Dirty) w/ Gravels</u>		<u>41</u>	<u>45</u>	

8. WELL CONSTRUCTION  
Depth Drilled 45 Feet Depth Cased 45 Feet  
HOLE DIAMETER (BIT SIZE)  
From 0 To 45  
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)
<u>8</u>	<u>100</u>	<u>SCH 40</u>	<u>0</u>	<u>45</u>

Perforations:  
Type perforation Slot  
Size perforation .030  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From 5 feet to 45 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
Surface Seal:  Yes  No Seal Type:  
Depth of Seal \_\_\_\_\_  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
Gravel Packed:  Yes  No  
From 0 feet to 45 feet

9. WATER LEVEL  
Static water level 10 feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 6-20-01, 19\_\_\_\_\_  
Date completed \_\_\_\_\_, 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 CRK Contractor  
Address \_\_\_\_\_ Contractor  
91761  
Nevada contractor's license number 31246  
issued by the State Contractor's Board  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1965  
Signed [Signature]  
By driller performing actual drilling on site or contractor  
Date 6-21-01