

OFFICE USE ONLY  
 Log No. 8363  
 Permit No. \_\_\_\_\_  
 Basin 87  
 NOTICE OF INTENT NO. 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

1. OWNER K.G. Watter ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NE 1/4 NW 1/4 Sec. 4 T. 15 N. R. 20 E. Washoe County  
 PERMIT NO. 222-220-01 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 BCT

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Fill</u>		<u>0</u>	<u>8</u>	
<u>Dirty Sand</u>		<u>8</u>	<u>15</u>	
<u>Silty Sand w/ Clay lenses</u>		<u>15</u>	<u>24</u>	
<u>Clay w/ Silty Sand</u>		<u>24</u>	<u>42</u>	
<u>Dirty Sand w/ gravel trace</u>		<u>42</u>	<u>45</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 45 Feet Depth Cased 45 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 2 1/2 Inches To 4 1/2 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet

CASING SCHEDULE

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

Perforations:  
 Type perforation Spot  
 Size perforation 0.30  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 0 feet to 45 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 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 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 6-21-01, 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 CD Contractor  
 Address \_\_\_\_\_ Contractor  
91761  
 Nevada contractor's license number 31246 issued by the State Contractor's Board  
 Nevada driller's license number M1968 issued by the Division of Water Resources, the on-site driller  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 6-21-01