

OFFICE USE ONLY
 Log No. 89794
 Permit No. 87
 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 40580

1. OWNER Washoe County Dept. of Wtr Resources ADDRESS AT WELL LOCATION On West St at SE corner of West & Elm
 MAILING ADDRESS 4930 Energy Way Reno NV 89502

2. LOCATION NW 1/4 NE 1/4 Sec. 11 T 19 N 19 E Washoe County
 PERMIT NO. 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 Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Silty top soil		0'	6'	6'
Poorly graded sand with 5-10% rounded gravels - sands		6'	16'	10'
Coarse Brown - Dry				
Silty Sandy gravel and cobbles		16'	20'	4'
turning from brown to gray clay				
Large rounded cobbles and boulders silty sand matrix		20'	26'	6'
Large cobbles and boulders				
declining in size as you go increasing silty sand & gravel		26'	49'	23'
Brown Silty Clay		49'	51'	2'
Water at 37'				

8. WELL CONSTRUCTION
 Depth Drilled 51 Feet Depth Cased 51 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
4" Inches \emptyset Feet 51 Feet
6" Inches \emptyset Feet 51 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>		<u>sch 40</u>	\emptyset	<u>30.5</u>

Perforations:
 Type perforation Horizontal, factory
 Size perforation 020
 From 30.5 feet to 50.5 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 20' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 25' feet to 51 feet

9. WATER LEVEL
 Static water level 37' 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 Nathan Jackson / Beart Langyear Contractor
 Address P.O. Box 1000 Dayton NV 89403 Contractor

Date started 3/28/01, 19____
 Date completed 3/28/01, 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 type="checkbox"/> Air Lift			

Nevada contractor's license number issued by the State Contractor's Board 0021976
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2168
 Signed Nathan Jackson
 By driller performing actual drilling on site or contractor
 Date 4/9/01