

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 83196
 Permit No. 87
 Basin 1
 NOTICE OF INTENT NO. 42092

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER Washoe County Dept of Wtr Resources ADDRESS AT WELL LOCATION Keystone and W 2nd St
 MAILING ADDRESS 4930 Energy way Reno NV 89502

2. LOCATION NW 1/4 SW 1/4 Sec 11 T 19 N R 19 E County _____
 PERMIT NO. INDUSTRY 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 Soak

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
- Poorly graded rounded gravel cobbles and boulders Sand matrix		0	17.5	17.5'
- Medium to coarse silty Sand Dark brown w/tan yellow grains (moist)		17.5	18.5	1
- Back to poorly graded rounded cobbles & boulders Sand matrix		18.5	25	6.5
- More cobbles, gravels, boulders, Boulder conc. Samples		25	30	5
- Same as above with reddish brown sandy silt "Weathered Zone"		30	35	5
- Increasing clayey silt matrix Brown, moist cobbles, Iron streaks boulders decreasing as you go down to TD increase of coarse sands & gravels		35	52.5	17.5

8. WELL CONSTRUCTION
 Depth Drilled 52.5 Feet Depth Cased 50' Feet
 HOLE DIAMETER (BIT SIZE)
 From To
4" Inches 0 Feet 52.5 Feet
6" Inches 0 Feet 50' Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		sch 40	0	29.6

Perforations:
 Type perforation Horizontal Fracture
 Size perforation 0.20
 From 29.6 feet to 49.6 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 19.6 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 29.6 feet to 50' feet

9. WATER LEVEL
 Static water level 35 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 3/22/01, 19_____
 Date completed 3/22/01, 19_____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <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 Nathan Jackson / Boart Longyear Contractor
 Address P.O. Box 1000 Dayton NV 89403 Contractor
 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