

OFFICE USE ONLY  
 Log No. 84193  
 Permit No. \_\_\_\_\_  
 Basin 871

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  
Reve NV

1. OWNER K.G. Waters ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION NE 1/4 NW 1/4 Sec. 4 T. 18 N. R. 20 E. Washoe County  
 PERMIT NO. Dew 28 Issued by Water Resources Parcel No. 002-770-04 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 Boxed

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>21</u>	
<u>Med. coarse Sand w/ guls</u>		<u>21</u>	<u>37</u>	
<u>Clay</u>		<u>37</u>	<u>43</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 43 Feet Depth Cased 43 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 24 Inches To 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>PVC</u>	<u>5/16</u>	<u>0</u>	<u>43</u>

Perforations:  
 Type perforation Slot  
 Size perforation 0.32  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 10 feet to 43 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 0 feet to 43 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 6-28-01, 19\_\_\_\_  
 Date completed 6-28-01, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  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 [Signature] Contractor  
 Address \_\_\_\_\_ Contractor  
Ontario  
 Nevada contractor's license number issued by the State Contractor's Board 31246  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1968  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 7-4-01