



Log No. 85592
 Permit No. 087
 Basin

WELL DRILLER'S REPORT

Please complete this form in its entirety
 accordance with NRS 534.170 and NAC 534.40

NOTICE OF INTENT NO 22649

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER K.G. Walters ADDRESS AT WELL LOCATION 8500 Mira Loma Road, Reno NV
 MAILING ADDRESS 10275 Loch Haven Dr. Santa Rosa, CA
 2. LOCATION NE 1/4 NW 1/4 Sec 4 T 18 R 20 E Washoe County
 PERMIT NO. DEW-28 022-220-04 Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE Temp Dewatering WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other Bucket Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Abandoned 18 wells.				
Pulled well casing				
Removed gravel pack down to 20'				
Poured concrete grout in hole to the top of gravel.				

8. WELL CONSTRUCTION
 Depth Drilled 45' Feet Depth Cased 45' Feet
 HOLE DIAMETER (BIT SIZE)
24" From 0 Feet 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)
8"	PVC	3/8 - 40	0	45'

Perforations:
 Type perforation _____
 Size perforation _____
 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level 20' 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 Griffin's Dewatering Contractor
 Address 536 E. Mainland St. Ontario, CA 91761 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0031246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1985
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 8-27-02

Date started 8-27-02 20 _____
 Date completed 8-27-02 20 _____

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			

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