



Permit No. 90758
 Basin 057

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. 51517-

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **Truckee Meadows Water Authority FSMW-D** ADDRESS AT WELL LOCATION **10 Threlkel Sreet, Reno, NV.**
 MAILING ADDRESS **1155 Corporate Boulevard Reno, NV 89510**

2. LOCATION **NE 1/4 NE 1/4 Sec. 12 T 19N N/S R 19 E Washoe** County
 PERMIT NO. **R-16** Issued by Water Resources **008-382-02** Parcel No. **N/A** 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

6. **LITHOLOGIC LOG**

Material	Water Strata	From	To	Thick-ness
Alluvium		0	25	25
Clay, gravel, boulders		25	85	60
Gravel, sand, clay		85	146	61
Gravel, sand		146	165	19
Clay, sand		165	171	6
Coarse gravel		171	200	29
Brown clay		200	220	20
Coarse gravel		220	250	30
Brown clay		250	260	10
Gravel, sand		260	300	40
Clay, gravel		300	340	40
Sand		340	380	40
Brown clay		380	400	20
Coarse sand		400	460	60
Brown clay		460	470	10
Coarse sand		470	500	30

Construction Detail:

Cement	0	100
Hole plug	100	225.2
Cement	225.2	330
Gravel pack	330	480
Cave/fill	480	500

8. **WELL CONSTRUCTION**
 Depth Drilled **500** Feet Depth Cased **480** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
12.25	0	20
6.75	20	500

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
7.625	26.45	0.340	+2	20
2.5		Sch. 80	+1.7	480

Perforations:
 Type perforation **Slot**
 Size perforation **0.050"**

From	To
330	480

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal **100'**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **330** feet to **480** feet

9. **WATER LEVEL**
 Static water level **106.7** feet below land surface
 Artesian flow **N/A** G.P.M. _____ P.S.I. _____
 Water temperature **Cold** °F Quality **Good**

10. **DRILLER'S CERTIFICATION**
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Lang Exploratory Drilling** Contractor
 Address **P.O. Box 5279** Contractor
Eiko, NV 89802-5279
 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 **1995**
 Signed *Guadalupe Jacobo*
 By driller performing actual drilling on site or contractor
 Date **9/24/03**

Date started **9/6/2003**, 19
 Date completed **9/15/2003**, 19

7. **WELL TEST DATA**

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	50	Not Meas.	1

356