WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

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DO NOT WRITE ON BACK

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

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

OFFICE USE ONLY
Log No. 91743
Permit No.
Basin 083

NOTICE OF INTENT NO. 50278

OWNER Don & Sandra Tibbals
MAILING ADDRESS Box 801
Fernley, NV 89408

ADDRESS AT WELL LOCATION 33800 Cantlon Rd

2. LOCATION SW 1/4 SE 1/4 Sec. 8 T 20N N/S R 24E E Washoe County
PERMIT NO. _____ Issued by Water Resources | 084-292-05 Parcel No. | Subdivision Name

3. WORK PERFORMED
[X] New Well [ ] Replace [ ] Recondition
[ ] Deepen [X] Abandon [ ] Other _____

4. PROPOSED USE
[X] Domestic [ ] Irrigation [ ] Test
[ ] Municipal/Industrial [ ] Monitor [ ] Stock

5. WELL TYPE
[ ] Cable [X] Rotary [ ] RVC
[ ] Air [ ] Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
top soil		0	3	
sand & gravel		3	35	32
volcanic gravel		35	86	51
basalt		86	105	19
blue sandy clay		105	108	3
tan, sandy clay		108	114	6
grey/tan sandy clay		114	155	41
ABANDON Due to insufficient volume of water, casing was pulled and 5 cy. of 6 sack grout cement was pumped from bottom to top of well		0	155	155

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Date started 6/17/03, 19__
Date completed 6/20/03, 19__

7. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled 155 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

		From	To
10 Inches	0 Feet	155 Feet	
Inches	Feet	Feet	
Inches	Feet	Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

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

Surface Seal: [X] Yes [ ] No
Depth of Seal 155
Placement Method: [X] Pumped [ ] Poured
Seal Type: [ ] Neat Cement [X] Cement Grout [ ] Concrete Grout

Gravel Packed: [ ] Yes [X] No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level _____ 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 Humboldt Drilling & Pump Co., Inc. (Contractor)
Address 4675 W. Winnemucca Blvd (Contractor)
Winnemucca, Nevada 89445

Nevada contractor's license number issued by the State Contractor's Board 015234

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2235

Signed _____ By driller performing actual drilling on-site or contractor
Date 7/16/03

I

KENNY C. GUINN
Governor

STATE OF NEVADA

R. MICHAEL TURNIPSEED, P.E
Director

HUGH RICCI, P.E.
State Engineer

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES
123 W. Nye Lane, Suite 246
Carson City, Nevada 89706-0818
(775) 687-4380 • Fax (775) 687-6972
http://water.nv.gov

R-447

June 30, 2003

Humboldt Drilling & Pump Company, Inc.
Gary Tompkins
4675 West Winnemucca Blvd.
Winnemucca, NV 89445

RE: Request received June 24, 2003, to waive the regulation requiring a 100-foot sanitary seal, within Washoe County, Nevada. Local No. 083 N20 E24 08 Dc, APN 084-292-05

Dear Mr. Tompkins:

As Provided in Section 534.450 of the Regulation for Water Well and Related Drilling as adopted under Chapter 534 of the Nevada Administrative Code, and for good cause shown, authorization is herewith granted to complete the subject well as described below:

This office waives only section 534.390(b) of the regulation. The well driller's report must bear this waiver number R-447. You will be required to provide for a minimum of a 80-foot seal in place of the 100-foot seal.

This sanitary seal depth is allowed based on information you provided regarding an apparent clay confining layer between 64 feet and 67 feet along with the lack of production at 100 feet to 335 feet, which you stated to be 3 gallons per minute.

Full compliance with the remainder of the statute and regulation is required. Please include as accurate a description as possible on the completion reports. It is expressly understood this authorization does not relieve the operator of the permitting requirements of other state, federal and local agencies.

If you have any questions, please contact this office at (775) 687-3861.

Sincerely,

Tim Hunt
Well Supervisor

TH/jjs

cc: Don Tibbals
Washoe County District Health
Ken Stine – Reno Health Department

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