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

PRINT OR TYPE ONLY
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. 92185
Permit No.
Basin 87

NOTICE OF INTENT NO. 46098

1. OWNER Equilon Enterprise LLC
MAILING ADDRESS 20945 S Wilmington Ave
Carson, CA 90810

ADDRESS AT WELL LOCATION 2885 Northtowne Lane
Sparks, NV 89512

2. LOCATION NE ¼ SW ¼ Sec. 31 T. 20 N S R. 20 E WASHOE County
PERMIT NO. | Issued by Water Resources | 026-182-58 RC 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Cement seal		0	20	20
Bentonite chips		20	65.5	45.5
Monitor well was Abandoned from Bottom to Surface with chips + Cement.		Non-Detect		

Date started 1-26, 20 04
Date completed 1-26, 20 04

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 ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5		Sch 40	0	65.5

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: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ 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 Boart Longyear (Contractor)
Address 32 Stokes Drive (Contractor)
Dayton, NV 89403
Nevada contractor's license number issued by the State Contractor's Board 61057
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M2071
Signed ____ (By driller performing actual drilling on site or contractor)
Date 1-27-04

(Rev. 12-01)

USE ADDITIONAL SHEETS IF NECESSARY

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