

**mw-23**  
 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

Log No. \_\_\_\_\_  
 Permit No. \_\_\_\_\_  
 Basin **φ9φ**

NOTICE OF INTENT NO. **65108**

1. OWNER **Tom Baults on Behalf of Cleveco** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS **P.O. Box 6012** **947 TAMOE BLVD**  
**SAN RAMON, CAL. 94583** **Incline Village NV.**  
 2. LOCATION **NW 1/4 SE 15 T. 16** **N 18 E WASHOE** County  
 PERMIT NO. **132-231-10** Subdivision Name \_\_\_\_\_  
Issued by Water Resources 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 **SO2IC**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	5	5
BOULDER		5	9	4
Clay		9	10	1
Sand w/ Int. gravels		10	20	10
Clay w/ Int matrix's	32.6	20	49	29
Sand		49	53	4
Clay		53	54	1

**39,249001 N**  
**119,9461410 W**  
**N40 27 TA**

8. WELL CONSTRUCTION  
 Depth Drilled **54** Feet Depth Cased **50** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **6.5** Inches To **54** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>2.375</b>	<b>0.68</b>	<b>0.154</b>	<b>0</b>	<b>50</b>

Perforations:  
 Type perforation **SLOT**  
 Size perforation **0.020**  
 From **20** feet to **50** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **17'**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **17** feet to **54** feet

9. WATER LEVEL  
 Static water level **32.6** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **60.01** °F Quality **NA**

Date started **10/23**, 20**09**  
 Date completed **10/28**, 20**09**

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		

**07:01 AM 25 NOV 2009**

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **BART Longyear** Contractor  
 Address **1333 W. 9th ST.**  
**UPLAND, CAL. 91786**  
 Nevada contractor's license number **0021976**  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **m-2405**  
 Signed **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **11/21/09**