

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

OFFICE USE ONLY **109909**

Log No. _____
Permit No. _____
Basin **φ87**

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **62496**

1. OWNER **D&J Holdings, LLC**
MAILING ADDRESS **295 Sparks Blvd.**
Sparks, NV

ADDRESS AT WELL LOCATION **Facility ID 4-000984**
295 Sparks Blvd. Sparks, NV
Subdivision Name: _____ County: **Washoe**

2. LOCATION **NE 1/4 NE 1/4 Sec 10 T 19N N/S R 20 E**
PERMIT/WAIVER No. **037-030-13**
Issued by Water Resources Parcel No. _____

Latitude **39°31'58.34" N** UTM E NAD 27
Longitude **119°42'56.22" W** N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown Silty Sand		0	15	15
Silty Sandy Clay Sand		15	22	7
39.532961°N				
119.714596°W				
NAD 83 (TD)				
200 JUMBI PIPE: 3"				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
22		22	

HOLE DIAMETER (BIT SIZE)

From	To	From	To
10	0	22	22

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4"		SCH 40	0	22

Perforations:

Type of perforation	Slot Size of perforation	From	To
	.010	7	22

Annular Seal: Yes No

Neat Cement 0 to **3** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No **3** to **22** Pumped Poured
 Type: _____
 Bentonite Chips: Yes No **3** to **5** Pumped Poured
 Type: **3/8 Chips**

7. Water Level
Static water level: **12** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. 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			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **Cascade Drilling, L.P.**
Address **3632 Omec Circe**
Rancho Cordova, CA 95742
Nevada contractor's license number issued by the State Contractor's Board **C23-0073966**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1977**
Signed _____
Date **30-Dec-09**