

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

OFFICE USE ONLY
Log No. 114068
Permit No. 087
Basin 087

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. 67227

1. OWNER JOE PERI ADDRESS AT WELL LOCATION 1580 DELMONTE LANE
MAILING ADDRESS 175 BRINKBY RENO, NV 89509
Subdivision Name: _____ County: Washoe

2. LOCATION SE ¼ SW ¼ Sec 36 T 19N N/S R 19 E Latitude 39.46487°N UTM E NAD 27
PERMIT/WAIVER No. Dom-11-0051 040-152-25 Longitude 119.79987°W N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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 MUD

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
OVER BURDEN		0	3	3
BROWN SANDY CLAY		3	46	43
BROWN CLAY		46	61	15
COURSE DG SANDS	X	61	83	22
LIGHT BROWN CLAY		83	110	27
RUSTY BROWN CLAY		110	163	53
SOFT SANDY CLAY	XX	163	200	37
GRAY CLAY		200	208	8
BROWN CLAY		208	220	12
DG SANDS	XXX	220	240	20

9. WELL CONSTRUCTION
Depth Drilled 240 Feet Depth Cased 240 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 240
Inches Feet Feet Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+2	240

Perforations:
Type of perforation FACTORY MILL SLOT
Size of perforation 3 X 3/32
From 140 feet to 200 feet
From 220 feet to 240 feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u> to <u>100</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 100 to 240 Pumped Poured
Type: PEAT GRAVEL
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 10-Jun 20 11
Date completed: 16-Jun 20 11

7. Water Level
Static water level: 20 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>40+</u>	<u>80</u>	<u>3 HRS</u>

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2011 JUN 28 AM 9:51
STATE ENGINEERS OFFICE

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.
Contractor
Address 20 KIT KAT DRIVE
Contractor
CARSON CITY, NV 89706
Nevada contractor's license number _____
issued by the State Contractor's Board 0055548
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 1905
Signed Michael Black
By driller performing actual drilling on site or contractor
Date 06/18/2011