

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

OFFICE USE ONLY
Log No. 114626
Permit No. _____
Basin 090

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. 67640

1. OWNER ARAMARK - LAKE TAHOE ADDRESS AT WELL LOCATION 760 Hwy 50
MAILING ADDRESS P.O. Box 12309 Zephyr Cove Nevada 89448
Zephyr Cove NV 89448 Subdivision Name: N/A County: Douglas

2. LOCATION SE 1/4 NW 1/4 Sec 10 T 13 N R 18 E Latitude N 39° 00' 24.4" UTM E 39.00678 NAD 27
PERMIT/WAIVER No. 2-00012 1318-10-000-002 Longitude W 119° 56' 52.9" N 119.946900 NAD 83/WGS 84
NDEP # _____ 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

6. ZCMW 3 LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>A/C</u>		<u>0</u>	<u>3"</u>	<u>3"</u>
<u>brown poor sand</u>	<u>dry</u>	<u>3"</u>	<u>10</u>	<u>9.75</u>
	<u>moist</u>	<u>10</u>	<u>15</u>	<u>5</u>
	<u>SAT</u>	<u>15</u>	<u>33</u>	<u>18</u>

9. WELL CONSTRUCTION
Depth Drilled 33 Feet Depth Cased 33 Feet

HOLE DIAMETER (BIT SIZE)
From _____ To _____
9.5 Inches 0 Feet 33 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>		<u>sch 40</u>	<u>33</u>	<u>12</u>

Perforations:
Type of perforation slotted screen
Size of perforation 0.010

From 33 feet to 13 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 9 to 2 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 2 to 0 Pumped Poured
 ≥80% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 33 to 11 Pumped Poured
Type: 2/12 Cemex IAPIS Instic

Bentonite Chips: Yes No 11 to 9 Pumped Poured
Type: Pure Gold Medium Chips

Date started: 8/18 , 20 11
Date completed: 8/18 , 20 11

7. Water Level
Static water level: 15 feet below land surface
Artesian Flow: no G.P.M. _____ P.S.I. _____
Water Temperature: cold °F
Quality: Mucky

8. N/A WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name DALE LETIMAN Contractor
Address 520 Edison Way Contractor
Reno NV 89502
Nevada contractor's license number _____
issued by the State Contractor's Board 0062596 RSI Drilling
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller M-1976

Signed Dale Lehman
By driller performing actual drilling on site or contractor
Date 8/23/11

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

39.006872° N NAD27
119.946986° W Decl/Deg

RECEIVED
2011 SEP 14 AM 11:47
STATE ENGINEERING DEPT