

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

OFFICE USE ONLY
Log No. 119389
Permit No. _____
Basin 107

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. 68374

1. OWNER Harold Ritten
MAILING ADDRESS 26 Colony Estates

ADDRESS AT WELL LOCATION Upper Galaxy
Subdivision Name: 26 Colony Estates County: Woj

2. LOCATION NE 1/4 SW 1/4 Sec 37 T 11 N/S R 23 E
PERMIT/WAIVER No. 009-14207
Parcel No. _____

Latitude 38° 46.22' UTM E NAD 87
Longitude 119° 23.485' 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Small Multi-colored Gravel</u>		<u>140</u>	<u>163</u>	<u>23</u>
<u>Brown Clay</u>		<u>163</u>	<u>167</u>	<u>4</u>
<u>Large Sand & Small Gravel</u>		<u>167</u>	<u>240</u>	<u>73</u>

RECEIVED
2013 OCT 30 PM 4:00
STATE ENGINEERS OFFICE

deepen unknown well log
NAD 87
38.770450 N
119.395417 W

Date started: 10-3-13, 20
Date completed: 10-3-13, 20

9. WELL CONSTRUCTION

Depth Drilled 240 Feet Depth Cased 240 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>7 7/8</u>	<u>140</u>	<u>240</u>	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>100</u>	<u>240</u>

Perforations:

Type of perforation Factory cut
Size of perforation 3/32

From	feet to	feet
<u>200</u>	<u>240</u>	

Annular Seal: Yes No

Neat Cement to Pumped Poured
 Cement Grout to Pumped Poured
 Concrete Grout to Pumped Poured
 ≥30% Bentonite Grout to Pumped Poured

Gravel Pack: Yes No to Pumped Poured
Type: _____

Bentonite Chips: Yes No to Pumped Poured
Type: _____

7. Water Level
Static water level: 136 feet below land surface
Artesian Flow: N/A G.P.M. 20 P.S.I.
Water Temperature: Cold °F
Quality: Clear

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 checked="" type="checkbox"/> Air Lift	<u>20</u>	<u>20</u>	<u>3</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name BLAIN DRILLING & PUMP CO INC.
Address P.O. Box 1255 Carson City, NV 89702
Contractor

Nevada contractor's license number U6498 A
issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2321

Signed C. Robinson
By driller performing actual drilling on-site or contractor

Date 10-7-13

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY