

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

OFFICE USE ONLY
Log No. 118403
Permit No. _____
Basin 035

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

1. OWNER Washoe County ADDRESS AT WELL LOCATION \$ ON THE SE CORNER
MAILING ADDRESS 4930 Energy Way OF SUNSHINE AND PROSPERITY
RENO, NV Subdivision Name: _____ County: WASHOE

2. LOCATION NW 1/4 SW 1/4 Sec 7 T 19 N S R 20 E Latitude 39 31' 25.90" N UTM E _____ NAD 27
PERMIT/WAIVER No. 1 City ROW Longitude 119 47' 16.75" W 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 SONIC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SEE ATTACHED				
LITH LOG				
RECEIVED 2013 OCT -2 AM 10:37 STATE ENGINEERS OFFICE				
NAD 27 39.526728° N 119.786962° W				
Date started:	<u>9-12-13</u>			
Date completed:	<u>9-12-13</u>			

9. WELL CONSTRUCTION

Depth Drilled 35 Feet Depth Cased 35 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> Inches	<u>0</u> Feet <u>35</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>5/8" 80 PVC</u>	<u>0</u>	<u>35</u>
_____	_____	_____	_____	_____

Perforations:

Type of perforation FACTORY SLOT
Size of perforation .020

From	feet to	feet to	feet to	feet to
<u>30</u>	<u>35</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>16</u> to <u>1</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input 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 35 to 29 Pumped Poured

Type: 10x20 SILICA

Bentonite Chips: Yes No 29 to 26 Pumped Poured

Type: MEDIUM

7. Water Level

Static water level: 10 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			
<u>NAD 27</u>			
<u>39.526728° N</u>			
<u>119.786962° W</u>			

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 Contractor
Address 230 E Sydney Dr Contractor
McCarron NV, 89434
Nevada contractor's license number _____
issued by the State Contractor's Board 73966
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2434-M

Signed K. Chees
By driller performing actual drilling on-site or contractor
Date 9-15-13