

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

OFFICE USE ONLY
Log No. 119406
Permit No. _____
Basin 037

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. 69322

1. OWNER Washoe County
MAILING ADDRESS 4930 Energy way
RENO, NV 7

ADDRESS AT WELL LOCATION SW CORNER OF
GOLDEN AND PROSPERITY
Subdivision Name: _____ County: WASHOE

2. LOCATION NW 1/4 Sec 7 T 19 N R 20 E
PERMIT/WAIVER No. CITY REW
Issued by Water Resources _____ Parcel No. _____

Latitude 39 31' 26.21" N UTM E NAD 27
Longitude 119 47' 12.87" 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 Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SEE ATTACHE				
LITHO LOG				
RECEIVED 2013 OCT -2 AM 10:37 STATE ENGINEERS OFFICE				
NAD27 39.524036°N 119.785885°W				

9. WELL CONSTRUCTION

Depth Drilled	<u>36</u>	Feet	Depth Cased	<u>35</u>	Feet
HOLE DIAMETER (BIT SIZE)					
From		<u>10</u>	Inches	<u>0</u>	Feet
To		<u>36</u>	Feet		
CASING SCHEDULE					
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)	
<u>2</u>		<u>SCA 80 PVC</u>	<u>0</u>	<u>35</u>	

Perforations:

Type of perforation FACTORY SLOT
Size of perforation 1020

From 35 feet to 30 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 16 to 1 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 36 to 28 Pumped Poured
Type: 10x20 SILICA #60 FINE

Bentonite Chips: Yes No 28 to 2.6 Pumped Poured
Type: MEDIUM

Date started: 9-9-13, 20
Date completed: 9-9-13, 20

7. Water Level
Static water level: 0 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

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

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. [Signature]
By driller performing actual drilling or contractor
Date 9-15-13