

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

OFFICE USE ONLY
Log No. 19410
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 ADDRESS AT WELL LOCATION E. SIDE OF SUNSHINE
MAILING ADDRESS 4930 ENERGY WAY BETWEEN PROSPERITY / ZING
RENO, NV 20 Subdivision Name: _____ County: _____

2. LOCATION SW 1/4 SW 1/4 Sec 7 T 19 N R 20 E Latitude 39 31 22.54 UTM E NAD 27
PERMIT/WAIVER No. CITY ROW Longitude 119 47 16.34 N NAD 83/WGS 84

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Stock Monitor Municipal/Industrial
5. WELL TYPE Cable Rotary RVC Air Other SONIC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>SEE ATTACHED</u>				
<u>LITH LOG</u>				

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STATE ENGINEERS OFFICE

NAD27
39.523017°N
119.786849°W

Date started: 9-10, 20 13
Date completed: 9-10, 20 13

9. WELL CONSTRUCTION

Depth Drilled 36 Feet Depth Cased 35 Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

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

Perforations:

Type of perforation FACTORY SLET
Size of perforation .020

From 30 feet to 35 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 29 Pumped Poured
Type: 10x20 SILICA

Bentonite Chips: Yes No 29 to 26 Pumped Poured
Type: MEDIUM

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)			

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

ME CARSON, 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 KY. Amis
By driller performing actual drilling on-site or contractor

Date 9-15-13