

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

OFFICE USE ONLY
Log No. 119591
Permit No. _____
Basin 057

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. 67300

1. OWNER WASHOE COUNTY ADDRESS AT WELL LOCATION HOLCOMB AVE AND VASSOR ST
 MAILING ADDRESS 4930 ENERGY WAY RENO, NV 89502 Subdivision Name: _____ County: WASHOE
 2. LOCATION SW 1/4 NW 1/4 Sec 13 T 19 N R 19 E Latitude 39° 30' 48.76" UTM E NAD 27
 PERMIT/WAIVER No. RIGHT OF WAY Longitude 119° 48' 22.11" N NAD 83/WGS 84

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other _____
 4. PROPOSED USE Domestic Irrigation Test Monitor Stock
 Municipal/Industrial Cable Rotary RVC
 Other SOME

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>SEE ATTACHED LITH LOG</u>				
<u>Ad 27</u>				
<u>39.513642N</u>				
<u>119.8051150W</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet	
HOLE DIAMETER (BIT SIZE)				
	From	To		
<u>6</u>	Inches <u>0</u>	Feet <u>5</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>SCH 80 PVC</u>	<u>0</u>	<u>4</u>

Perforations:
 Type of perforation FACTORY SLOT
 Size of perforation 0.20
 From 5 feet to 4 feet
 From _____ feet to _____ feet
 Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout 2 to 1 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 5 to 3 Pumped Poured
 Type: 10x20 SILICA
 Bentonite Chips: Yes No 3 to 2 Pumped Poured
 Type: MEDIUM CHIPS

Date started: 6-12-12, 20 13
 Date completed: 6-12, 20 13

7. Water Level
 Static water level: 5 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)	
<u>N/A</u>			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name BOART LONGYEAR Contractor
 Address 7103 W. AUGUSTA AVE Contractor
GLEN DALE AZ 85303
 Nevada contractor's license number _____
 issued by the State Contractor's Board 00279
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
 Signed K.L. Dukes
 By driller performing actual drilling on-site of contractor
 Date 6-13-13

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2013 JUN 19 AM 10:31
STATE ENGINEERS OFFICE

