

AS-3

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

OFFICE USE ONLY
Log No. 121580
Permit No.
Basin 087

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 Haywood Properties Corp 7-11 Inc ADDRESS AT WELL LOCATION 1680 Silverado Blvd Reno
MAILING ADDRESS PO box 711 Dallas Texas 75221

Subdivision Name: Truckee Meadows County: Washoe
2. LOCATION SE 1/4 SW 1/4 Sec 6 T 19 N R 20 E Latitude 39.54449621 UTM E 260699.01 NAD 27
PERMIT/WAIVER No. Mo 1959 008-073-01 Longitude -119.78248848 N 4380900.73 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Asphalt		0	6"	6"
Silt sand w/gravel		6"	10'	9 1/2'
well graded sand w/silt gravel		10	20'	10'
Sand with gravel		20	30'	10'
well graded gravel sand		30	40'	10'
Sand w/gravel		40	45'	5'
Clayey sand, moist		45	50'	5'

NAD 27
39.5445051°N
119.781465°W

9. WELL CONSTRUCTION
Depth Drilled 50 Feet Depth Cased 47 Feet
HOLE DIAMETER (BIT SIZE)
From 6 1/2 Inches To 50 Feet
Inches Feet
Inches Feet
Inches Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
2" sch 40 0 47

Perforations:
Type of perforation slotted
Size of perforation 1.010
From 47 feet to 43 feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement 39 to 1 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 47 to 41 Pumped Poured
Type: _____
Bentonite Chips: Yes No 41 to 39 Pumped Poured
Type: Medium

Date started: Nov 25, 20 14
Date completed: Nov 25, 20 14

7. Water Level
Static water level: _____ feet below land surface
Artesian Flow: NA 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)
<u>NA</u> <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Gress Drilling & Testing Contractor
Address 950 Howard Street Reno NV 89503 Contractor
Nevada contractor's license number 38113 issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 24885
Signed _____
By driller performing actual drilling on-site or contractor
Date 12.17.14

RECEIVED
DEC 22 PM 1:30
STATE ENGINEER OFFICE