

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

OFFICE USE ONLY
Log No. 122696
Permit No. _____
Basin No. 107

PRINT OR TYPE IN BLACK INK 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. 69725
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Maryjill Mello
MAILING ADDRESS 819 N Stockton Ave
Reno NV 95366

DETAILED ADDRESS AT WELL LOCATION 22 Terrell Lane
Subdivision Name: _____ County: _____

2. PLS LOCATION SW 1/4 NE 1/4 33 Sec 12 N/S 23 E
PERMIT/WAIVER NO. 009-024-05
Issued by Water Resources Current Parcel No.

Latitude 38° 51.62' UTM E NAD 27
Longitude 114° 24.52' UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Mud Sonic
 Other

6. LITHOLOGIC LOG					
Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
Dir + Cobbles			0	24	24
Brown Clay			24	31	7
Sand + Gravels different sizes			31	86	55
Black Fractured Rock			86	142	
Multi Colored Chip Rock			142	216	
Multi Colored Chips + Tan Brown Clay			216	280	

9. WELL CONSTRUCTION			
Depth Drilled:	Feet	Depth Cased:	Feet
280		280	

HOLE DIAMETER (BIT SIZE)			
Inches	From	Feet	To
1 1/8	0		200
2 1/8	200		280

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+2	20
6 5/8		SDR 21	20	280

PERFORATIONS:
Type of perforation: Factory Cut Screen
Size of perforation: 1/32
From 280 Feet To 290 Feet
From 220 Feet To 200 Feet

ANNULAR MATERIALS

<input checked="" type="checkbox"/> Sanitary Seal	0 to 53	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	0 to 53	<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"/> Bentonite Chips	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> Other, explain: _____			
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	280 to 53	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: 6-11- 20 15
Date completed: 6-17- 20 15

7. WATER QUALITIES
Static water level: 74 Feet below land surface
Artesian Flow: No G.P.M. 35+ P.S.I.
Water Temperature: 62 ° Fahrenheit
Water Quality: Clear

8. WELL TEST DATA			
Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
	<u>35+</u>		<u>3 1/2</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name: BLAIN DRILLING & PUMP CO INC.
Address: P.O. Box 1255 Carson City, NV 89702
Contractor: _____

Nevada contractor's license number as issued by the State Contractor's Board: 46497A
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2514
Signed: Bob Gallina
By driller performing actual drilling on site or contractor
Date: 6-18-15