

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

OFFICE USE ONLY
Log No. 123599
Permit No. _____
Basin 087

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

ERM-04
Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 73000

1. OWNER WASHOE COUNTY ADDRESS AT WELL LOCATION ON SULLIVAN CENTER LANE
MAILING ADDRESS PO BOX 11130 A WEST OF 'K' STREET
RENO, NV 89520 Subdivision Name: _____ County: WASHOE

2. LOCATION SW 1/4 NW 1/4 Sec 5 T 19 N R 20 E Latitude 39° 32' 42" UTM E NAD 27
PERMIT/WAIVER No. M/O 2022 PUBLIC STREET Longitude 119° 46' 16" N 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 Monitor Stock
 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>				
<u>NAD 27</u>				
<u>39.545000</u>				
<u>119.771111</u>				

9. WELL CONSTRUCTION

Depth Drilled 15' Feet Depth Cased 15' Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>7</u> Inches	<u>0</u> Feet <u>15'</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 PVL</u>	<u>0</u>	<u>15</u>

Perforations:

Type of perforation FACTORY SLOT

Size of perforation .020

From 15' feet to 10' feet

From _____ feet to _____ feet

From _____ feet to _____ feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 7 to 0 Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 15 to 9 Pumped Poured

Type: #3 MONTEREY

Bentonite Chips: Yes No 9 to 7 Pumped Poured

Type: MEDIUM

Date started: 10-6, 20 15

Date completed: 10-7, 20 15

7. Water Level

Static water level: _____ 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 3000 DULUTH ST. Contractor

UN SACRAMENTO, CA.

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

Signed K.L. Phillips

By driller performing actual drilling on-site or contractor

Date 10-7-15

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY