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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 63242

1. OWNER Susan Young ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4600 Skyview Dr. 16355 Feltock Dr.
Knoxville, TN 37917 Reno, NV
 2. LOCATION SW 1/4 SW 1/4 Sec. 3 T. 23 N/S R. 18 E. Washoe County
 PERMIT NO. WL 150071 078-231-15 Subdivision Name _____
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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
Lite grey & B&W DG		0	12	12
Dk grey sand, DG		12	20	8
Reddish Brwn DG, Some Gravels		20	40	20
Grey/Lt Brwn DG, Clay Mix		40	90	50
Grey DG, sm gravel	X	90	110	20
Reddish Brwn DG, small gravel		110	160	50
Grey sand & DG		160	180	20
Reddish Brwn DG, small gravel		180	260	80
Colored DG, small gravel	X	260	320	60
Grey DG, some grey clay		320	410	90
Harder DG, Reddish small gravel	X	410	430	20
Grey sand & DG, colored rock		430	453	23

8. WELL CONSTRUCTION
 Depth Drilled 453 Feet Depth Cased 453 Feet
 HOLE DIAMETER (BJT SIZE)
 From 0 Feet To 54 Feet
10 Inches 8 Inches
 54 Feet 453 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	188	+1.5	453

Perforations: Mill Slot
 Type perforation _____
 Size perforation 3/32
 From 313 feet to 333 feet
 From 413 feet to 433 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 53 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 53 feet to 453 feet

9. WATER LEVEL
 Static water level 73 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality _____

Date started 3/24/16, 20____
 Date completed 4/01/16, 20____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>10</u>		<u>4 hrs</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Steve's Pumps & Well Drilling, Inc
 Address P. O. Box 249
Janesville, CA 96114
 Nevada contractor's license number 0079784
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the #2359
 Division of Water Resources, the on-site driller Steve Bejcek
 Signed _____ By _____
 Date 4/15/16