

OFFICE USE ONLY  
 Log No. 39011  
 Permit No. \_\_\_\_\_  
 Basin 89

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

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. 20183

1. OWNER Bob Weise ADDRESS AT WELL LOCATION Same  
 MAILING ADDRESS 7300 Franktown Road  
Carson City, NV 89704  
 2. LOCATION NE 1/4 SE 1/4 Sec. 22 T. 16 (N/S R. 19 E Washoe County  
 PERMIT NO. M/O-531 Lightning W Ranch  
Issued by Water Resources Parcel No. Subdivision Name

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. (39) LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
DARK BROWN SILTY SAND (SM)		0.0	1.5	1.5
BLACK-BROWN CLAYEY SAND (SC)	yes	1.5	8.0	6.5
BROWN CLAYEY SAND (SC)	yes	8.0	15.0	7.0

8. WELL CONSTRUCTION  
 Depth Drilled 15.0 Feet Depth Cased 15.0 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
8.0 Inches 0.0 Feet 15.0 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.0	0.5	Schedule 40	0.0	15.0

Perforations:  
 Type perforation Slot  
 Size perforation .02  
 From 2.5 feet to 15.0 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 0.5  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 2.5 feet to 15.0 feet

9. WATER LEVEL  
 Static water level 3.5 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 4/9, 1992  
 Date completed 4/9, 1992

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <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 Mark E. DeBusk  
Contractor  
 Address 520 Edison Way  
Contractor  
Reno, NV 89502  
 Nevada contractor's license number issued by the State Contractor's Board \_\_\_\_\_  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1768  
 Signed Mark E. DeBusk  
By driller performing actual drilling on site or contractor  
 Date 5/11/92

'92 JUN 10 P1 53  
 RECEIVED  
 STATE ENGINEERS OFFICE