WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 79029
Permit No.
Basin 105

NOTICE OF INTENT NO. 29268

1. OWNER Secor 1535 Hot Springs Road
MAILING ADDRESS Carson City, NV
ADDRESS AT WELL LOCATION 1603 Hwy 395
Minden NV, 89423

2. LOCATION SE ¼ SW ¼ Sec. 29 T. 13 N/S R. 20 E. Douglas County
PERMIT NO. N/A (Issued by Water Resources) 1320-29-402-006 (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 Auger

6. LITHOLOGIC LOG MW#4

Material	Water Strata	From	To	Thickness
Gravels	8	0	15	
Gravels and clay		15	25	

8. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
8 Inches	0 Feet	25 Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2	Factory	020	0	25

Perforations:
Type perforation Factory
Size perforation 020
From 5 feet to 25 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Surface Seal: ☒ Yes ☐ No
Depth of Seal 15'
Placement Method: ☐ Pumped ☒ Poured
Seal Type: ☒ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☒ Yes ☐ No
From 15 feet to 25' feet

9. WATER LEVEL
Static water level 8 feet below land surface
Artesian flow no G.P.M. N/A P.S.I.
Water temperature cold °F Quality N/A

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Andresen Exploration Drilling (Contractor)
Address 1635 Bellford Road (Contractor)
89509 Reno NV
Nevada contractor's license number issued by the State Contractor's Board 34525
Nevada driller's license number issued by the Division of Water Resources, the on-site driller m-2139
Signed [signature] (By driller performing actual drilling on site or contractor)
Date 11/4/99

Date started 10/11, 12, 13, 1999
Date completed 10/13, 19

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
N/A		

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627