

OFFICE USE ONLY
 Log No. 82727
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 44843

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

1. OWNER: John + Marianne Brooks ADDRESS AT WELL LOCATION: 4435 Farm Dist. Rd, Fernley Nevada
 MAILING ADDRESS: _____
 2. LOCATION: E 1/2 1/4 SW 1/4 Sec. 29 T. 20 N/S R. 25 E Nyon County
 PERMIT NO. 21-361-14 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 Hand

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Coal Boulders</u>		<u>0</u>	<u>17</u>	
<u>Boulders</u>		<u>17</u>	<u>56</u>	
<u>Coals</u>		<u>56</u>	<u>131</u>	
<u>Good Boulders</u>		<u>131</u>	<u>162</u>	
<u>Coarse Boulders</u>		<u>162</u>	<u>180</u>	

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 180 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.00</u>	<u>3/16</u>	<u>1</u>	<u>20</u>
<u>6 5/8</u>	<u>3.00</u>	<u>5/8</u>	<u>20</u>	<u>180</u>

Perforations:
 Type perforation Split case
 Size perforation 1 1/4 x 6 long spools
 From 160 feet to 180 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 0-50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 180 feet

Date started 9/2 1920
 Date completed 9/2 1920

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>Polished shaft</u>	<u>20</u>	<u>60M</u>	

9. WATER LEVEL
 Static water level 97 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Pepp Drillings Inc Contractor
 Address PO Box 499 Contractor
Silver Springs NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 00318291
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1977
 Signed [Signature]
 By driller performing acid drilling on site or contractor
 Date 9-2-20

RECEIVED
 COUNTY - 7 APR 14 2020
 STATE ENGINEERING OFFICE

