

OFFICE USE ONLY  
Log No. 83615  
Permit No. \_\_\_\_\_  
Basin 87  
2320

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. \_\_\_\_\_

1. OWNER KG Walters ADDRESS AT WELL LOCATION 8500 Mira Loma Rd  
MAILING ADDRESS Santa Nella CA Deno NV  
2. LOCATION NE 1/4 NW 1/4 Sec 4 T 18 N 20 E Washoe County  
PERMIT NO. DEW 28 022-220-09 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 Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Fill</u>		<u>0</u>	<u>8</u>	
<u>Five Dirty Sand</u>		<u>8</u>	<u>17</u>	
<u>Silty Sand w/ clay lenses</u>		<u>17</u>	<u>21</u>	
<u>Silty Sand</u>		<u>21</u>	<u>24</u>	
<u>Clay w/ sand lenses</u>		<u>24</u>	<u>41</u>	
<u>Sand (Dirty) w/ gravel trace</u>		<u>41</u>	<u>45</u>	

8. WELL CONSTRUCTION  
Depth Drilled 45 Feet Depth Cased 45 Feet  
HOLE DIAMETER (BIT SIZE)  
From 24 Inches 0 Feet 45 Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
CASING SCHEDULE  
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)  
8 PVC Sch 40 0 45  
Perforations:  
Type perforation Slot  
Size perforation 230  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From 5 feet to 45 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
Surface Seal:  Yes  No Seal Type:  
Depth of Seal \_\_\_\_\_  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
Gravel Packed:  Yes  No  
From 0 feet to 45 feet

9. WATER LEVEL  
Static water level 10 feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 4-20, 19\_\_\_\_  
Date completed 4-20-09, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
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 Eriffin Dewatering Contractor  
Address 536 E. Mainland Contractor  
Ontario CA  
Nevada contractor's license number issued by the State Contractor's Board 31246  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M 1966  
Signed [Signature] 1908  
By driller performing actual drilling on site or contractor  
Date 6-21-09