

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 867489
 Permit No. I
 Basin 037
 NOTICE OF INTENT NO. 50854

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER Truckee Meadows Water Authority Sparks P.D. ADDRESS AT WELL LOCATION Sparks Police Department, 1701 East Prater Way, Sparks, NV 89434
 MAILING ADDRESS P.O. Box 30013
Reno, NV 89520-3013

2. LOCATION NW 1/4 SW 1/4 Sec. 2 T 19N N/S R 20E E Washoe County
 PERMIT NO. W-547 (App. 68617) Issued by Water Resources 037-271-31 Parcel No. N/A 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. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Alluvium		0	7	7
Clay		7	16	9
Coarse sand & gravel		16	40	24
Sand & gravel		40	68	28
Clay		68	80	12
Sand with clay		80	90	10
Clay with sand		90	100	10
Sand with clay		100	130	30
Clay		130	138	8
Sand, gravel, clay		138	141	3
Clay		141	142	1
Sand, gravel, clay		142	147	5
Clay, clay with sand		147	150	3
Clay		150	157	7
Sand, gravel, clay		157	160	3
Clay		160	188	28
Sand & clay		188	190	2
Clay		190	204	14
Clay with sand		204	213	9
Sand, gravel, clay		213	216	3
Clay, some sand		216	360	144
Sand		360	376	16
Clay		376	394	18
Sand		394	416	22
Clay		416	424	8
Sand & clay interbeds		424	442	18
Clay, some sand		442	457	15
Sand & gravel		457	461	4
Clay		461	462	1
Gravel with sand		462	466	4
Clay with sand		466	467	1
Gravel with sand		467	482	15
Clay		482	486	4

Continued on next page

8. WELL CONSTRUCTION
 Depth Drilled 510 Feet Depth Cased 490.5 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>25</u> Inches	<u>0</u> Feet	<u>50</u> Feet
<u>17.5</u> Inches	<u>50</u> Feet	<u>510</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>20</u>	<u>104.1</u>	<u>0.500</u>	<u>0</u>	<u>50</u>
<u>12.75</u>	<u>43.77</u>	<u>0.330</u>	<u>+3</u>	<u>490.5</u>

Perforations:
 Type perforation Wire Wrap
 Size perforation 0.050" and 0.080"

From	To	feet to
<u>0.050": 265</u>	<u>275</u>	feet
<u>0.080": 355</u>	<u>375</u>	feet
<u>0.050": 400</u>	<u>420</u>	feet
<u>0.080": 420</u>	<u>440</u>	feet
<u>0.080": 460</u>	<u>480</u>	feet

Surface Seal: Yes No
 Depth of Seal 100'
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 510 feet

9. WATER LEVEL
 Static water level 7.6 feet below land surface
 Artesian flow See Notes G.P.M. _____ P.S.I. _____
 Water temperature _____ °F Quality _____

Date started 5/13/2002, 19
 Date completed 6/9/2002, 19

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
<u>06/09/2002</u>	<u>450</u>	<u>116</u>	<u>3 Hours</u>
<u>Plugged by 116350</u>			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Lang Exploratory Drilling Contractor
 Address P.O. Box 5279 Contractor
Elko, NV 89802-5279
 Nevada contractor's license number issued by the State Contractor's Board 0021976
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1716
 Signed David Mas
 By driller performing actual drilling on-site or contractor
 Date 6/17/02

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 86409 pg 2
 Permit No. _____
 Basin _____

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

NOTICE OF INTENT NO. **50854-**

1. OWNER **Truckee Meadows Water Authority Sparks P.D.** ADDRESS AT WELL LOCATION **Sparks Police Department, 1701 East Prater Way, Sparks, NV 89434**
 MAILING ADDRESS **P.O. Box 30013 Reno, NV 89520-3013**

2. LOCATION **NW** 1/4 **SW** 1/4 Sec. **2** T **19N** N/S R **20E** E **Washoe** County
 PERMIT NO. **W-547 (App. 68617)** Issued by Water Resources Parcel No. **037-271-31** Subdivision Name **N/A**

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
Sand & gravel		486	497	11
Clay		497	507	10
Sand		507	508	1
Clay		508	510	2
Prior to developing this well it flowed with a static water level of 0.5' above ground surface. After development, static water level varied from 2.8 to 8.7' below ground surface. Final static reading was 7.6' below ground surface.				
This well was drilled directly over the hole drilled for testing.				

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 From **0.050": 480** feet to **490** 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ 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 **Lang Exploratory Drilling** Contractor
 Address **P.O. Box 5279** Contractor

Eiko, NV 89802-5279
 Nevada contractor's license number issued by the State Contractor's Board **0021976**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
 Signed _____
 By driller performing actual drilling on-site or contractor
 Date **6/17/02**

Date started _____, 19____
 Date completed _____, 19____

7. WELL TEST DATA

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

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