



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

OFFICE USE ONLY
Log No. 103612
Permit No. _____
Basin 092B

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 59918

1. OWNER **Ronald Allen** ADDRESS AT WELL LOCATION **11405 Chestnut Reno**
MAILING ADDRESS **100W. Pueblo Reno NV. 89506** Subdivision Name: _____ County: **Washoe**

2. LOCATION **NW¼SE¼ Sec23T21N/ R19E** Latitude **39.67105** UTM E NAD 27
PERMIT/WAIVER NO. **DOM 07-019** **080-256-12** Longitude **119.81898** N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Coarse Sand	x	105	122	17
Brown sandy clay		122	132	10
Coarse sand some gravel		132	138	6
Brown sandy clay		138	152	14
Soft zone coarse sand	x	152	163	11
Brown sandy clay		163	174	11
Soft zone coarse sand		174	178	4
Brown sandy clay	x	178	185	7
Soft zone	x	185	196	11
Brown sandy clay		196	205	9

Washoe Co. Permit WL#070112

N 39.671162
W 119.817972 NAD27

9. WELL CONSTRUCTION

Depth Drilled 205 Feet Depth Cased 205 Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	105 Feet to 205 Feet
Inches	Feet
Inches	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	89	205

Perforations:

Type of perforation **Machine cut**

Size of perforation **3/32**

From	To
149 feet to	169 feet
177 feet to	197 feet
feet to	feet
feet to	feet
feet to	feet

Annular Seal: Yes No

Neat Cement to Pumped Poured

Cement Grout to Pumped Poured

Concrete Grout to Pumped Poured

≥30% Bentonite Grout to Pumped Poured

Gravel Pack: Yes No to Pumped Poured

Type: _____

Bentonite Chips: Yes No to Pumped Poured

Type: _____

Date started: 8/9, 20 07

Date completed: 8/10, 20 07

7. Water Level

Static water level: 76 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: Cool °F

Quality: **Not tested**

8. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M. <u>20</u>	<u>110</u>	<u>3</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Bruce MacKay Pump & Well Service, Inc.** (CONTRACTOR)

Address **1600 Mt. Rose Hwy** (CONTRACTOR)
Reno, NV 89511

Nevada contractor's license number issued by the State Contractor's Board **23096**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **923**

Signed R. Bruce MacKay
By driller performing actual drilling on site or contractor

Date 8/13/07