



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

OFFICE USE ONLY
 Log No. 103615
 Permit No. _____
 Basin 045

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. **59868**

1. OWNER **Linda Dovalis** ADDRESS AT WELL LOCATION **745 Linterna Ln. Sparks**
 MAILING ADDRESS **745 Linterna Ln Sparks 89441** **Subdivision Name:** _____ **County:** **Washoe**

2. LOCATION **se¼ne¼ Sec13T21N/ R20E** Latitude **39.68789** UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ Parcel No. _____ Longitude **119.68005** N _____ NAD 83/WGS 84
Issued by Water Resources

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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Gray granite		540	568	28
Small Fracture	x	568	569	1
Gray granite		569	593	24
Soft zone	x	593	603	10
Gray granite		603	655	52
Fracture	x	655	661	6
Gray granite		661	675	14

Washoe County Permit
 WL070093

*N 39.688001
 W 119.674045 NAD27*

9. WELL CONSTRUCTION

Depth Drilled **675** Feet Depth Cased **675** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	540 Feet 675 Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	525	675

Perforations:

Type of perforation **Machine cut**

Size of perforation **3/32**

From	To
605 feet to	665 feet
_____ feet to	_____ 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: **7/24, 20 07**

Date completed: **7/26, 20 07**

7. Water Level

Static water level: **463** feet below land surface

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

Water Temperature: _____ °F

Quality: **Not tested**

8. WELL TEST DATA

TEST METHOD:	Draw Down	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	(Feet Below Static)	
G.P.M. 30		3

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 **7/30/07**