

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

OFFICE USE ONLY

Log No. 103698  
 Permit No. \_\_\_\_\_  
 Basin 4886

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. **59839**

1. OWNER **Joe McAndrews** ADDRESS AT WELL LOCATION **15443 Balsawood Reno**  
 MAILING ADDRESS **15443 Balsawood Reno NV. 89511**  
 Subdivision Name: \_\_\_\_\_ County: **Washoe**

2. LOCATION **ne¼ne¼ Sec2T17N/ R19E** Latitude **39.37343** UTM E \_\_\_\_\_  NAD 27  
 PERMIT/WAIVER NO. **DOM07-007** Parcel No. **045-553-38** Longitude **119.81025** 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 **mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sandy clay		163	200	37
Coarse sand clay		200	220	20
Coarse sand cobbles		220	280	60
Cobbles fractured volcanics		280	360	80
Broken volcanics		360	397	37
N 39.373437 W 119.809246 NAD83				

9. WELL CONSTRUCTION

Depth Drilled **397** Feet Depth Cased **397** Feet

HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
**6 1/8** Inches **163** Feet **397** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>5</b>	<b>10.79</b>	<b>.188</b>	<b>137</b>	<b>397</b>

Perforations:  
 Type of perforation **Machine cut**  
 Size of perforation **3/32**  
 From **337** feet to **397** feet  
 From \_\_\_\_\_ 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: **5/11, 20 07**  
 Date completed: **5/14, 20 07**

7. Water Level  
 Static water level: **119** feet below land surface  
 Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water Temperature: **Cool** °F  
 Quality: **Not tested**

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)

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<b>50</b>		<b>3</b>	

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 **1790**  
 Signed R. Bruce MacKay  
 By driller performing actual drilling on site or contractor  
 Date **5/16/07**