



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

OFFICE USE ONLY  
 Log No. 103827  
 Permit No. \_\_\_\_\_  
 Basin 658

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. **59851**

1. OWNER **Tom Nance** ADDRESS AT WELL LOCATION **6195 Philoree Ln. Reno**  
 MAILING ADDRESS **6195 Philoree Ln. Reno NV. 89511** Subdivision Name: \_\_\_\_\_ County: **Washoe**

2. LOCATION **sw 1/4 se 1/4 Sec 3 T17N/ R19E** Latitude **39.36144** UTM E \_\_\_\_\_  NAD 27  
 PERMIT/WAIVER NO. **DOM07-012** **047-170-02** Longitude **119.83475** 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 |
|-------------------------|--------------|------|-----|------------|
| Multi color sand & rock |              | 355  | 404 | 49         |
| Volcanic rock           |              | 404  | 421 | 17         |
| Fracture                |              | 421  | 425 | 4          |
| Volcanic rock           |              | 425  | 443 | 18         |
| Volcanic rock           |              | 443  | 449 | 6          |
| Soft zone               | x            | 449  | 451 | 2          |
| Volcanic rock           |              | 451  | 467 | 16         |
| Fracture                | x            | 467  | 470 | 3          |
| Volcanic rock           |              | 470  | 474 | 4          |
| Brown volcanic fracture | x            | 474  | 500 | 26         |

9. WELL CONSTRUCTION

Depth Drilled **500** Feet Depth Cased **500** Feet

HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
**6 1/8** Inches **355** Feet **500** 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                    | 340         | 500       |

Date started: **5/29, 20 07**  
 Date completed: **6/1, 20 07**

Perforations:  
 Type of perforation **Mill slot**  
 Size of perforation **3/32**  
 From **420** feet to **440** feet  
 From **460** feet to **500** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ 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: \_\_\_\_\_

7. Water Level

Static water level: **325** 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)

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 **6/4/07**

8. WELL TEST DATA

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