



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

OFFICE USE ONLY
Log No. 103848
Permit No. _____
Basin φ87

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. **59087**

1. OWNER **Bill Konopisos** ADDRESS AT WELL LOCATION **1996 State Rt. 341**
MAILING ADDRESS **65 Callalily Ct.** **Reno**
Reno NV. 89521 *Subdivision Name:* _____ *County:* **Washoe**

2. LOCATION **nw¼ne¼ Sec35T18N/ R20E** Latitude **39.38836** UTM E _____ NAD 27
PERMIT/WAIVER NO. _____ **016-762-15** Longitude **119.70271** 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Multi color clays		0	12	12
Gray clays		12	17	5
Multi color clays		17	27	10
Gray sandy clays		27	79	52
Gray volcanic rock		79	90	11
Gray sandy clay		90	121	31
Gray volcanic rock		121	190	69
Fracture	x	190	195	5
Gray volcanic rock		195	235	40
Fracture	x	235	246	11
Gray volcanic rock		246	261	15
Fracture	x	261	266	5
Gray volcanic rock		266	273	7

Washoe County Permit
WL 060135

N 39.38836
W 119.70271 NAD 27

9. WELL CONSTRUCTION

Depth Drilled **273** Feet Depth Cased **273** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet to 100 Feet
8 1/2 Inches	100 Feet to 273 Feet
_____ Inches	_____ Feet to _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	273

Perforations:

Type of perforation **Machine cut**

Size of perforation **3/32**

From	To
197 feet	213 feet
233 feet	273 feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Annular Seal: Yes No

Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 100 to 273 Pumped Poured
 Type: **1/4x1/8**

Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **5/6, 20 07**
Date completed: **5/8, 20 07**

7. Water Level

Static water level: **0** feet below land surface
Artesian Flow: **10** G.P.M. _____ P.S.I.
Water Temperature: **Cool** °F
Quality: **Not tested**

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	50		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 **6/11/07**