

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

OFFICE USE ONLY.

Log No. 104245
 Permit No. _____
 Basin 088

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. **60483**

1. OWNER **Charlie Smith** ADDRESS AT WELL LOCATION **20540 Eaton Rd., Reno**
 MAILING ADDRESS **20540 Eaton Rd. Reno NV. 89521** *Pleasant Valley*
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW¼SW¼ Sec5T17N/ R20E** Latitude **39.36150** UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ **045-341-05** Longitude **119.76650** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORK PERFORMED New Well Replace Recondition Deepen Other _____

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

5. WELL TYPE Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Gray volcanic rock		112	117	5
Soft zone		117	121	4
Gray volcanic rock		121	129	8
Fracture	x	129	130	1
Gray volcanic rock		130	152	22
Fracture	x	152	153	1
Black volcanic rock		153	171	18
Green volcanic rock		171	176	5
Green & black volcanic rock		176	250	74

9. WELL CONSTRUCTION

Depth Drilled **250** Feet Depth Cased **250** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	112 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	90	250

Date started: **8/30, 20 07**
 Date completed: **9/4, 20 07**

Perforations:

Type of perforation **Machine cut**
 Size of perforation **3/32**

From	To
145 feet to	165 feet
205 feet to	245 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: _____

7. Water Level

Static water level: **105** 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)
_____	_____	3
_____	_____	_____
_____	_____	_____

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 **9/5/07**