

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

OFFICE USE ONLY
 Log No. 104586
 Permit No. _____
 Basin 089

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. 60491

1. OWNER **Bill Casey** ADDRESS AT WELL LOCATION **4095 Eastlake**
 MAILING ADDRESS **4095 Eastlake** **Washoe Valley**
 sf **Washoe Valley NV, 89704** **Subdivision Name:** _____ **County: Washoe**
 2. LOCATION **NE 1/4 NW 1/4 Sec 16N R20E** Latitude **39.28886** UTM E NAD 27
 PERMIT/WAIVER NO. **SW 32 17N 050-416-03** Longitude **119.76225** N NAD 83WGS 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
Brown clay		125	164	39
Brown volcanic rock		164	165	1
Soft zone	x	165	167	2
Cemented sands gravel		167	202	35
Soft zone	x	202	203	1
Sand gravel some clay		203	210	7
Soft zone	x	210	212	2
Cemented sands gravel clay		212	227	15

9. WELL CONSTRUCTION
 Depth Drilled 227 Feet Depth Cased 227 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 inches 125 Feet 227 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	115	227

Washoe County Permit
 WL 070147

N 39.288865
 W 119.762249 NAD 27

Deepening of Log # 26209

Date started: 9/27 20 07
 Date completed: 9/28 20 07

7. Water Level
 Static water level: 103 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: Cool °F
 Quality: Not tested

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>35</u>	<u>2007 OCT 17 AM 10:52</u>	<u>3</u>	
	<u>RECEIVED</u>		

Perforations:
 Type of perforation Machine cut
 Size of perforation 3/32
 From 167 feet to 227 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: _____

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 9/28/07