

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

OFFICE USE ONLY
 Log No. 105784
 Permit No. _____
 Basin Ø87

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. **61937**

1. OWNER **Dalynne Moore** ADDRESS AT WELL LOCATION **9000 Timothy Dr. Reno**
 MAILING ADDRESS **5710 Dijon Circle Reno NV. 89511** *Subdivision Name:* _____ *County:* **Washoe**

2. LOCATION **SE 1/4 Sec 1 T18N/ R19E** Latitude **39.45005** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **040-640-10** Longitude **119.79964** 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 **mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Cobbles sand clay brown		0	80	80
Sand clay small gravel		80	130	50
Sand clay		130	230	100
Coarse sand small gravel		230	280	50
Brown volcanic rock clay		280	310	30
Brown gray volcanic weatherd		310	330	20

Washoe County Permit
WL 070189

~~WL 070189~~

N 39.450158
 W 119.798636 NAD27

9. WELL CONSTRUCTION
 Depth Drilled **330** Feet Depth Cased **330** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
16 Inches **0** Feet **330** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16	.188	+2	330

Perforations:
 Type of perforation **Screen**
 Size of perforation **.050**
 From **250** feet to **310** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout **0** to **100** Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No **100** to **330** Pumped Poured
 Type: **1/8 x 1/4**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **1/2, 20 08**
 Date completed: **1/10, 20 08**

7. Water Level
 Static water level: **18** 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	250+		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 **1790**
 Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date **1/21/08**