

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

OFFICE USE ONLY

Log No. 106140
 Permit No. _____
 Basin 791

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. **61952**

1. OWNER **Gerald & Marlene York** ADDRESS AT WELL LOCATION **55 Nightowl Dr. Reno**
 MAILING ADDRESS **3235 Idlewild Reno NV. 89509** **Subdivision Name:** _____ **County:** **Washoe**

2. LOCATION **NW1/4NW1/4 Sec14T19N/ R18E** Latitude **39.51393** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **DOM 08-001** **038-341-19** Longitude **119.93330** 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. colored volcanic		120	141	21
Soft zone	x	141	142	1
Gray volcanic rock		142	161	19
Light gray sandy clay		161	190	29
Green volcanic rock		190	240	50
Gray volcanic rock clay		240	280	40
Brown sandy clay		280	320	40
Gray volcanic fracture	x	320	350	30

Washoe County Permit
WL080025

N39.514040
W119.932291 NAD83

9. WELL CONSTRUCTION

Depth Drilled **350** Feet Depth Cased **350** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches **120** Feet **350** 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	110	350

Perforations:
 Type of perforation **Machine cut**
 Size of perforation **3/32 x 3**

From	To
120 feet to	140 feet
220 feet to	240 feet
320 feet to	340 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: _____

Date started: **3/19**, 20 **08**
 Date completed: **3/21**, 20 **08**

7. Water Level

Static water level: **64** 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:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	20		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 **3/24/08**