

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

OFFICE USE ONLY

Log No. 106622
 Permit No. _____
 Basin 894

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. ~~88876~~ 62785

1. OWNER **Clifford M. Pitts**
 MAILING ADDRESS **5700 Quaking Aspen Rd.**
Reno NV. 89510
 ADDRESS AT WELL LOCATION **5700 Quaking Aspen**
Reno
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **NW¼NE¼ Sec6T21N/ R22E**
 PERMIT/WAIVER NO. 65680 **077-270-14**
Issued by Water Resources Parcel No.
 Latitude **39.72346** UTM E _____ NAD 27
 Longitude **119.55498** N _____ NAD 83WGS 84

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
Black volcanic rock		199	240	41
Fracture		240	241	1
Black volcanic rock		241	280	39
Black & brown volcanic rock		280	285	5
Brown volcanic rock		285	334	49
Fracture rock		334	341	7
Black volcanic rock		341	356	15
Gray & green sandy clay		356	445	89

Deepening of log 84378

Washoe Permit # **WL 080072**

RECEIVED
 2008 AUG 19 AM 11:08
 STATE ENGINEERING DIVISION

N 39.72346
 W 119.553965 NAD27

Date started: **7/22, 20 08**
 Date completed: **7/25, 20 08**

9. WELL CONSTRUCTION

Depth Drilled **445** Feet Depth Cased **445** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	199 Feet 445 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	185	445

Perforations:

Type of perforation **Factory**

Size of perforation **3/32 x 3**

From	To
265 feet to	285 feet
From 345 feet to	365 feet
From 425 feet to	445 feet
From _____ feet to	_____ 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: _____

7. Water Level

Static water level: **38** 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:	Bailer	Pump	Air Lift
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
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 **7/30/08**