

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

OFFICE USE ONLY **106743**  
 Log No. ....  
 Permit No. ....  
 Basin **Ø88**

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. **62782**

1. OWNER **Byron & Noelle Parks** ADDRESS AT WELL LOCATION **15890 Fawn Lane**  
 MAILING ADDRESS **15890 Fawn Lane** **Reno**  
**Reno NV. 89704** **Subdivision Name:** **County: Washoe**

2. LOCATION **SW¼SW¼ Sec36T18N/ R19E 150-242-02** Latitude **39.37548** UTM E  NAD 27  
 PERMIT/WAIVER NO. **DOM08-014** Longitude **119.80354** 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
Broken volcanic rock sand		165	205	40
Brown clay		205	210	5
Fractured granite	x	210	238	28
Hard granite		238	240	2

Washoe Permit WL 080068

*Deepening of log # 19225*

2000 AUG 19 AM 11:08  
 STATE ENGINEER'S OFFICE

N 39.375570  
 W 119.802519 NAD27

9. WELL CONSTRUCTION

Depth Drilled **240** Feet Depth Cased **240** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>6 1/8</b> Inches	<b>165</b> Feet <b>240</b> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>5</b>	<b>10.79</b>	<b>.188</b>	<b>82</b>	<b>240</b>

Perforations:

Type of perforation **Machine cut**

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

From	To
<b>210</b> feet to <b>240</b> 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: \_\_\_\_\_

Date started: **7/18, 20 08**

Date completed: **7/21, 20 08**

7. Water Level

Static water level: **162** 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
<b>20</b>			<b>3</b>

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 **7/24/08**