STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 106744
Permit No.
Basin Ø85

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. **62789**

1. OWNER **James Fowlston**
MAILING ADDRESS **230 Drake Way**
Washoe Vly, NV 89704

ADDRESS AT WELL LOCATION **230 Drake Way**
Washoe Vly, NV 89704 N39.289679 W119.756583 NAD27
Subdivision Name: *County:* **Washoe**

2. LOCATION **SW¼SE¼** Sec**32**T**17**N/ R**20**E
PERMIT/WAIVER NO. **050-391-08**
Issued by Water Resources Parcel. No.

Latitude **39.28959** UTM E ☐ NAD 27
Longitude **119.75800** N ☒ NAD 83/WGS 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	Thickness
On this date we removed pipe				
from the well that was				
obstructing the pump from				
being lowered to bottom. We				
video taped the well and found				
a ~5" liner at 150'.				
We suspect there is a pump				
at the bottom of the well below				
the lip of the 5" liner casing.				
Original well log 12240				
We did not video the well after				
the pipe removal due to costs				
and time restraints.				
The pipe we removed was 1 1/4				
Galvanized.				

Date started: **7-29**, 20 **08**
Date completed: **7-30**, 20 **08**

9. *WELL CONSTRUCTION*
Depth Drilled **210** Feet Depth Cased **?** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type of perforation
Size of perforation
From feet to feet
From feet to feet
From feet to 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: **93** feet below land surface
Artesian Flow: G.P.M. P.S.I
Water Temperature: **cold** °F
Quality: **not tested**

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☒ Pump ☐ Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Pump	**13**	**70**	**1**

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 **8-6-08**

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