

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

OFFICE USE ONLY
 Log No. 107644

Permit No. _____
 Basin 084
 NOTICE OF INTENT NO. 63597

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **Michael & Terri Evans** ADDRESS AT WELL LOCATION **3205 Wilcox Ranch rd.**
 MAILING ADDRESS **P.O.Box 215** **Reno**
Soledad Ca. 93960 **Subdivision Name:** _____ **County: Washoe**

2. LOCATION **NW¼SE¼ Sec7T21N/ R22E** Latitude **39.70060** UTM E NAD 27
 PERMIT/WAIVER NO. **077-410-25** Longitude **119.55330** 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
Top soil		0	1	1
Brown clay		1	3	2
Brown rock clay		3	10	7
Brown sandy clay		10	62	52
Gray sandy clay		62	168	106
Soft zone	x	168	172	4
Gray sandy clay		172	251	79
Soft zone	x	251	259	8
Gray sandy clay		259	275	16

Washoe Permit WL 080125

N 39.500690
W 119.552386 NAD27

9. WELL CONSTRUCTION

Depth Drilled **275** Feet Depth Cased **275** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet 50 Feet
9 7/8 Inches	50 Feet 275 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	275

Perforations:

Type of perforation **Factory**

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

From	To
150 feet to 170 feet	
250 feet to 270 feet	
_____ feet to _____ feet	
_____ feet to _____ feet	
_____ feet to _____ feet	

Annular Seal: Yes No

Material	Quantity	to	Method
<input checked="" type="checkbox"/> Neat Cement	0	50	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50	275	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: _____			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____			

Date started: **11/21/08**, 20
 Date completed: **11/25/08**, 20

7. Water Level

Static water level: **49** 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)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
20	3	
20	3	

STATE OF NEVADA
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 2008 DEC 15 PM 12:38

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 **12/3/08**