

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

OFFICE USE ONLY
 Log No. 108542

Permit No. _____
 Basin 788

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. 64440

1. OWNER **Howard Henson**
 MAILING ADDRESS **1420 Brenda Way**
Washoe NV. 89704

ADDRESS AT WELL LOCATION **1420 Brenda Way**
Washoe Valley
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW¼NW¼ Sec20T17N/ R20E**
 Latitude **39.31188** UTM E NAD 27
 Longitude **119.79003** N NAD 83/WGS 84

PERMIT/WAIVER NO. **050-278-10**
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
Weatherd granite		105	151	46
Gray hard granite		151	185	34
Soft zone		185	186	1
Weatherd granite hard		186	247	61
Soft zone		247	248	1
Weatherd granite		248	263	15
Soft zone		263	290	27
Soft zone	X	290	296	6
Weatherd granite		296	318	22
Soft zone		318	331	13
Weatherd granite		331	339	8
Fracture	X	339	340	1
Watherd granite		340	350	10

Washoe Permit WL090071

39.312017°N
119.785837°W
 NAD 27 (TA)

9. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	105 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	83	350

Perforations:

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

From **97** feet to **137** feet
 From **300** feet to **340** 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: _____

Date started: **8-3-09**, 20
 Date completed: **8-5-09**, 20

7. Water Level

Static water level: _____ 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	15	10	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 **8-7-09**