

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

OFFICE USE ONLY **108899**

Log No. _____
 Permit No. _____
 Basin **91**

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. **63686**

1. OWNER **Jeff & sheri Sepahpour** ADDRESS AT WELL LOCATION **449 Bridge St. Verdi NV.**
 MAILING ADDRESS **P.O. Box 104 Verdi NV. 89439** **Subdivision Name:** _____ **County: Washoe**

2. LOCATION **SE 1/4 SE 1/4 Sec 7 T19N R18E** Latitude **39.52312** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **47351** **38-045-28** Longitude **119.99321** 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 Monitor Municipal/Industrial Stock
 5. WELL TYPE Cable Rotary RVC Air Other **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Boulder sand gravel clay		0	7	7
Sand & gravel		7	12	5
Boulder sand gravel clay		12	36	24
Gray sandy clay		36	78	42
Brown clay		78	86	8
Gray sandy clay		86	105	19
Soft zone		105	117	12
Gray sandy clay		117	124	7
Hard gray volcanic rock		124	156	32
Fractured rock		156	167	11
Gray volcanic rock		167	176	9
Fractured rock		176	181	5
Gray volcanic rock		181	189	8
Fracture		189	194	5
Hard gray volcanic rock		194	199	5

Washoe Permit WL090051

39.523211° N
119.992176° W
NAD 27

Date started: **5-18-09**, 20
 Date completed: **5-22-09**, 20

7. Water Level
 Static water level: **48** 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	30	3
G.P.M.		

9. WELL CONSTRUCTION
 Depth Drilled **199** Feet Depth Cased **199** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **199** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	199

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**
 From **159** feet to **199** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 100 to 199 Pumped Poured
 Type: **1/4 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

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 **6-2-09**