

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

OFFICE USE ONLY

Log No. 108900
 Permit No. 092A
 Basin 092A

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. 63685

1. OWNER Phil & Linda DiMaggio ADDRESS AT WELL LOCATION 10275 Fort Churchill Rd.
 MAILING ADDRESS 10275 Fort Churchill Rd. Reno
10250 Reno NV. 89506 Subdivision Name: County: Washoe

2. LOCATION NE 1/4 SE 1/4 Sec 26 T21N/ R18E Latitude 39.65710 UTM E NAD 27
 PERMIT/WAIVER NO. 87-330-19 Longitude 119.92589 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
Sandy gray clay		185	190	5
Gray granite sand	x	190	195	5
Gray sandy clay		195	243	48
Soft zone	x	243	250	7
Gray sandy clay		250	263	13
Soft zone	x	263	271	8
Gray sandy clay		271	290	19

Washoe Permit WL 090050

39.657191°N
119.924860°W
NAD 27 (TA)

Deepening of Log #19107

9. WELL CONSTRUCTION
 Depth Drilled 290 Feet Depth Cased 290 Feet

HOLE DIAMETER (BIT SIZE)
 From To
6 1/8 Inches 185 Feet 290 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>165</u>	<u>290</u>

Perforations:
 Type of perforation Factory
 Size of perforation 3/32 x 3
 From 245 feet to 285 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: 5-15-09, 20
 Date completed: 5/15/09, 20

7. Water Level
 Static water level: 65 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: Cool °F
 Quality: Not tested

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)

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)		
<u>40</u>	<u>27:1 18 62 100 600</u>		
	Time (Hours)		

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 5-18-09