

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

OFFICE USE ONLY 108907

Log No. _____
 Permit No. _____
 Basin 087

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. **63680**

1. OWNER **Kent & Pat Phillips** ADDRESS AT WELL LOCATION **8490 Holiday Ln. Reno**
 MAILING ADDRESS **8490 Holiday Ln. Reno NV. 89511** Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW1/4 SW1/4 Sec 1 T18 N/ R19 E** Latitude **39.45020** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **40-632-04** Longitude **119.80470** 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 Stock Municipal/Industrial Other _____
 5. WELL TYPE Cable Rotary RVC Air Other **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Cobbles sand & clay		0	80	80
Sand & clay		80	100	20
Coarse dark brown sand		100	120	20
Sand & brown clay		120	180	60
Sand small gravel		180	195	15
Sand		195	200	5
Sand small gravel		200	205	5
Sand		205	215	10
Clay sand gravel		215	235	20
Sand & clay		235	262	27
Cobbles		262	263	1
Brown clay & sand		263	290	27
Gray clay sand		290	320	30
Brown clay sand		320	325	5
Gray clay & sand		325	335	10
Rock & clay		335	375	40
Gray clay & sand		375	400	25
Volcanic rock	x	400	455	55
Volcanic rock clay	x	455	555	100
Volcanic rock sand	x	555	570	15
Fractured volcanic rock	x	570	595	25

Washoe Permit # **WL090046**

39.450289° N
119.803677° W
NAD 27 (T)

Date started: **5-18-09**, 20
 Date completed: **5-27-09**, 20

9. WELL CONSTRUCTION
 Depth Drilled **595** Feet Depth Cased **595** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **595** 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	595

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**
 From **415** feet to **435** feet
 From **515** feet to **535** feet
 From **555** feet to **595** feet
 From _____ feet to _____ 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 595 Pumped Poured
 Type: **1/4 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level
 Static water level: **60** 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:	Draw Down (Feet Below Static)		
	G.P.M.	Time (Hours)	_____
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	100+	3	

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 **6-2-09**