

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

OFFICE USE ONLY **108932**
 Log No.
 Permit No. **049**
 Basin

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. **63668**

1. OWNER **Jon & Linda Walters** ADDRESS AT WELL LOCATION **101095 State Rt. 34**
 MAILING ADDRESS **1520 Stephanie Way** **Vya**
Minden NV. 89423 **Subdivision Name:** **County: Washoe**

2. LOCATION **NW¼NW¼ Sec4T42N/ R19E** Latitude **41.59710** UTM E NAD 27
 PERMIT/WAIVER NO. **061-260-02** Longitude **119.86718** 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 **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand & small gravel		0	80	80
Brown clay		80	85	5
Sand gravel cobbles	?	85	145	60
Brown clay		145	155	10
Sand stone brown		155	275	120
Brown red sand stone	x	275	300	25

Washoe Permit WL090027

Revised legal description

41.597206° N
119.866133° W NAD 27
(TA)

9. WELL CONSTRUCTION

Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet 150 Feet
6 1/8 Inches	150 Feet 300 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	150
5	10.79	.188	140	300

Perforations:

Type of perforation **Machine cut**

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

From	To
100 feet to	140 feet
240 feet to	300 feet

Annular Seal: Yes No

Neat Cement **0** to **50** Pumped Poured
 Cement Grout to Pumped Poured
 Concrete Grout to Pumped Poured
 ≥30% Bentonite Grout to Pumped Poured

Gravel Pack: Yes No **50** to **300** Pumped Poured
 Type: **1/4 x 1/8**

Bentonite Chips: Yes No to Pumped Poured
 Type:

Date started: **3/24/09**, 20
 Date completed: **3/26/09**, 20

7. Water Level

Static water level: **178** 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:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	Time (Hours)
Air	10-15	12			3	
Pump					1	

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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 **1790**

Signed *R. Bruce MacKay*
 By driller performing actual drilling on site or contractor
 Date **3/27/09**