

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

OFFICE USE ONLY *10/16/09*  
 Log No. ....  
 Permit No. ....  
 Basin *87*

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. **64823**

1. OWNER **Charles & Stacie Matherson** ADDRESS AT WELL LOCATION **4000 Goodsell Ln**  
 MAILING ADDRESS **4000 Goodsell Ln.** **Reno, NV 89523**  
**Reno, NV 89523** **Subdivision Name:** **County: Washoe**

2. LOCATION **SE 1/4 NE 1/4 Sec 16 T18N R19E** Latitude **39.51329** UTM E  NAD 27  
 PERMIT/WAIVER NO. *19N* **400-190-14** Longitude **119.84929** 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	Thickness
<b>Boulders, Cobbles</b>		0	25	25
<b>Clay, Gravel</b>		25	50	25
<b>Cobbles, Sand, Gravel, Brown clay</b>	X	50	140	90
<b>Brown Clay</b>		140	145	5
<b>Small cobbles, gravel, sand, Streak of brown clay.</b>	X	145	220	75
<b>Washoe county Permit # WL090114</b>				
<i>39.513379° N</i>				
<i>119.848263° W</i>				
<i>NAD 27 (N)</i>				

Date started: **12-16, 20 09**  
 Date completed: **12-21, 20 09**

9. WELL CONSTRUCTION

Depth Drilled **220** Feet Depth Cased **220** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>10 5/8</b> Inches	<b>0</b> Feet <b>220</b> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6</b>	<b>12.92</b>	<b>.188</b>	<b>+2</b>	<b>220</b>

Perforations:

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

From	To
<b>180</b> feet to <b>220</b> feet	
_____ feet to _____ feet	
_____ feet to _____ feet	
_____ feet to _____ feet	

Annular Seal:  Yes  No

Neat Cement **5** 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 **220**  Pumped  Poured  
 Type: **1/4 x 1/8**

Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Type: \_\_\_\_\_

7. Water Level

Static water level: **20'** 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)	Time (Hours)
<b>40-50</b>	<b>300</b>	<b>3</b>
<i>61.1</i>	<i>111</i>	<i>02 03 00 00 00</i>

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 **23095**

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 **12-24-09**