

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

OFFICE USE ONLY 110081

Log No. ....  
 Permit No. ....  
 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. 63678

1. OWNER John & Jan Bernal ADDRESS AT WELL LOCATION 110 Moonstone Lane  
 MAILING ADDRESS 7907 Star Lake Ct. Reno, NV 89506  
Missouri City TX. 77459 Subdivision Name: Red Rock Estates #74 County: Washoe

2. LOCATION SW¼NW¼ Sec18T22N/ R19E Latitude 39.77654 UTM E  NAD 27  
 PERMIT/WAIVER NO. 079-371-06 Longitude 119.90215 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
Weatherd granite Quartz		600	630	30
Small fracture	x	630	631	1
Weatherd granite		631	640	9
Small fracture	x	640	641	1
Weatherd granite		641	649	8
Gray granite		649	684	35
Fracture	x	684	685	1
Gray hard granite		685	727	42

9. WELL CONSTRUCTION

Depth Drilled 727 Feet Depth Cased 727 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>6 1/8</u> Inches	<u>600</u> Feet <u>727</u> 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>582</u>	<u>727</u>

Deepens well log #49395 - No1 #29552

Washoe permit WL090044

RECEIVED  
 2009 MAY -7 PM 12:11  
 STATE ENGINEERS OFFICE

39.777°N NAD27 D.O.  
119.901°W

Perforations:

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

From	To
<u>682</u> feet to	<u>722</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal:  Yes  No

<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

Date started: 4-28-09 20  
 Date completed: 4-30-09 20

7. Water Level

Static water level: 456 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)
	G.P.M.		
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>18 to 20</u>		<u>3</u>

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 5/5/09