FINALIZED MH

PRINT OR TYPE ONLY

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 110436
Permit No.
Basin 088

NOTICE OF INTENT NO. **65420** (1)

1. OWNER **Marc & Jeanne Simoncini**
MAILING ADDRESS **10697 Brittany Park Dr.**
Reno,NV 89521

ADDRESS AT WELL LOCATION **22925 Carriage Dr.**
Reno, NV 89521
Subdivision Name: *County:* **Washoe**

2. LOCATION **SW¼SE¼ Sec7T17N/ R20E**
PERMIT/WAIVER NO. **050-115-13**
Issued by Water Resources Parcel. No.

Latitude **39.34808** UTM E ☐ NAD 27
Longitude **119.77760** N ☒ NAD 83/WGS 84

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,Gravel,Cobbles		0	60	60
Cobbles,Sand,Gravel	X	60	100	40
Cobbles,Sand,Gravel,Boulders	X	100	157	57
Sand	X	157	160	3
Washoe County Permit #				
WL100001				

NAD 27 GPS
39.348170° N
119.776581° W

Date started: **02-04**, 20 **10**
Date completed: **02-08**, 20 **10**

9. ***WELL CONSTRUCTION***
Depth Drilled **160** Feet Depth Cased **160** Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
10 5/8	Inches	**0**	Feet	**160**	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**	**160**

Perforations:
Type of perforation **Factory**
Size of perforation **3/32 x 3**
From **120** feet to **160** feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☒ Yes ☐ No
☐ Neat Cement to ☐ Pumped ☐ Poured
☒ Cement Grout 100 to 4 ☒ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout to ☐ Pumped ☐ Poured
Gravel Pack: ☒ Yes ☐ No 160 to 100 ☐ 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)
30		**3**

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~~ 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 **02-08-10**

PLO-I