

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

OFFICE USE ONLY
 Log No. 110526
 Permit No. _____
 Basin 165

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. **64435**

1. OWNER **Carlos & Isabel Iribarren** ADDRESS AT WELL LOCATION **1425 Stonegate Ct. Gardnerville**
 MAILING ADDRESS **1490 Glenwood Dr. Gardnerville NV. 89460** Subdivision Name: _____ County: **Douglas**

2. LOCATION **SE 1/4 SW 1/4 Sec 34 T13N R20E** ← *match* Latitude **39.942038** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **1320-34-002-049** Longitude **119.724826** 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
Top soil		0	1	1
Brown clay		1	26	25
Boulders gravel sand		26	74	48
Sand gravel		74	95	21
Sandy brown clay		95	113	18
Sand gravel		113	133	20
Sandy brown clay		133	155	22
Sand & some gravel		155	168	13
Brown sandy clay		168	183	15
Sand & gravel some boulders	x	183	224	41
Brown sandy clay		224	225	1

39.942°N NAD 27 D.O.
119.724°W

~~*39.942173°N*~~
~~*119.724572°W*~~
~~*NAD 27 (70)*~~

9. WELL CONSTRUCTION
 Depth Drilled **225** Feet Depth Cased **225** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **225** 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	225

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**
 From **180** feet to **220** feet
 From _____ feet to _____ 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 225 Pumped Poured
 Type: **1/4 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **7-20-09**, 20
 Date completed: **7-23-09**, 20

7. Water Level
 Static water level: **25** 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: Bailer Pump Air Lift
 Draw Down (Feet Below Static) _____ Time (Hours) _____
 G.P.M. **100+** _____
 _____ **3**
90-110
07 NOV 2009

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 **7-29-09**