

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

OFFICE USE ONLY
 Log No. 111472
 Permit No. _____
 Basin 089
 NOTICE OF INTENT NO. 65446 (1)

PRINT OR TYPE ONLY

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

1. OWNER **Morgan & Ashely Canfield**
 MAILING ADDRESS **22825 Carriage Dr.**
SE **Reno NV, 89521**

ADDRESS AT WELL LOCATION **4075 Drake Way**
Washoe Valley NV, 89704
 Subdivision Name: **new washoe city 5** County: **Washoe**

2. LOCATION **NW 1/4 SW 1/4 Sec 32 T17N/ R20E** Latitude **39.29300** UTM E NAD 27
 PERMIT/WAIVER NO. **050-394-05** Longitude **119.76115** 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	Thickness
Brown Sand and Clay		165	260	95
Broken Granit		260	280	20
Sand & Clay		280	290	10
Weatherd Granit & Clay		290	450	160
Broken Weatherd Granit, Soft	x	450	495	45
Light Gray Clay	x	495	503	8

Washoe County Permit # **WL100034**

** deepens well log # 12529*

39.293089°N - GPS -
119.760133°W NAD 27 D.D.

Date started: **7/16, 20 10**
 Date completed: **7/19, 20 10**

9. WELL CONSTRUCTION
 Depth Drilled **503** Feet Depth Cased **503** Feet

HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches To **165** Feet **503** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	143	503

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3"**
 From **443** feet to **503** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level
 Static water level: **190'** 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)
25-30			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**
 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 **7/20/10**