

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

OFFICE USE ONLY
 Log No. 111962
 Permit No. _____
 Basin 088

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. 65436 (1)

1. OWNER **Arlen & Lamis Pritchard** ADDRESS AT WELL LOCATION **15795 Fawn Ln**
 MAILING ADDRESS **15795 Fawn Ln** **Reno NV 89511**
Reno NV 89511 **Subdivision Name:** _____ **County: Washoe**

2. LOCATION 1/4 Sec T N / R E SW 1/4 SW 1/4 Sec 36 18 N 1 E Latitude **39.37606** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **DOM10-006** **150-241-09** Longitude **119.80621** 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
Granite Sands w/clay streaks		140	158	18
Brown Sandy Clay		158	163	5
Soft Zone med to coarse sand	x	163	181	18
Multi Colored Volcanics		181	201	20
Sandy Brown Clays		201	224	23
Brown & Gray Volcanic		224	261	37
Fracture	x	261	263	2
Brown Volcanic Rock		263	309	46
Gray Volcanic Rock		309	329	20
Fractured Rock	x	329	337	8
Gray Volcanic Rock		337	360	23
Brown Volcanic Rock		360	374	14
Fracture	x	374	387	13
Light Brown Volcanic Rock		387	410	23

Washoe County Permit # **WL100017**

Deepens Well log #20195
 39.376150° N NAD 27 D.D.
 119.805189° W

Date started: **7-26 20 10**
 Date completed: **7-30 20 10**

7. Water Level
 Static water level: **132** 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
Air	60 +		3
Pump	20	11'	2

9. WELL CONSTRUCTION
 Depth Drilled **410** Feet Depth Cased **410** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
7 7/8 inches **140** Feet **360** Feet
6 1/8 inches **360** Feet **410** 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	120	360
5	10.79	.188	344	404

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**
 From **160** feet to **180** feet
 From **240** feet to **260** feet
 From **340** feet to **360** feet
 From **364** feet to **404** feet
 _____ 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: _____

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 **923**

Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date **8/2/10**