

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

OFFICE USE ONLY
 Log No. 112005
 Permit No. _____
 Basin φ88

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. 64836 (i)

1. OWNER **Ronald Allen** ADDRESS AT WELL LOCATION **15740 Fawn Ln**
 MAILING ADDRESS **100 West Pueblo St** **Reno NV, 89509**
Reno NV, 89509 **Subdivision Name: PM 864** **County: Washoe**

2. LOCATION **SW¼SW¼ Sec36T18N/ R19E** Latitude **39.37849** UTM E NAD 27
 PERMIT/WAIVER NO. **Dom 10-011** **150-242-14** Longitude **119.80485** 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 **symmetrix**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		145	148	3
Sandy Clay		148	160	12
Broken Volcanic Rock		160	165	5
Sand, Brown Clay		165	180	15
Broken Volcanic Rock	x	180	190	10
Semi Hard DG		190	200	10
DG and clay		200	230	30
Sand		230	250	20
Corse sand	x	250	280	30
Sand and Clay		280	290	10
DG, Sand, Gravel	x	290	310	20
Sand, Clay		310	315	5
Granite		315	340	25

Washoe County Permit # **WL100038**

deepens well log # 18266

39.378580°N NAD27 DD.
119.803829°W -GPS-

9. WELL CONSTRUCTION

Depth Drilled **340** Feet Depth Cased **340** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	145 Feet 340 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	140	340

Perforations:

Type of perforation **Air Perforater**

Size of perforation **1/8 x 2**

From **180** feet to **200** feet
 From **290** feet to **310** feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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: _____

Date started: **08-09** 20 **10**
 Date completed: **08-11** 20 **10**

7. Water Level

Static water level: **135** 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.		Time (Hours)
	Bailer	Pump	
Air	20	20'	3
Pump	11	20'	2

24:11:11 2-3050102

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 **230906**
 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 **08-12-10**