

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

OFFICE USE ONLY
 Log No. 112007
 Permit No. _____
 Basin 092B

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. 65448

1. OWNER **Roger Stevens** ADDRESS AT WELL LOCATION **7700 Jays Place**
 MAILING ADDRESS **7700 Jays Place** **Reno NV, 89506**
 Reno NV, 89506 **Subdivision Name: HMH Rancho Est** County: **Washoe**

2. LOCATION **SE 1/4 NE 1/4 Sec 10 T20N R19E** Latitude **39.62385** UTM E NAD 27
 PERMIT/WAIVER NO. **SW SE 3** **552-201-19** Longitude **119.83232** 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 Monitor Stock Municipal/Industrial

5. WELL TYPE Cable Rotary RVC Air Other **Symmetrix**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Cemented Sand & Gravel		160	220	60
Weathered Granite	x	220	265	45
Brown Clay		265	275	10
Sand & Gravel		275	320	45
Broken Granite		320	330	10
Brown Clay		330	335	5
Broken Granite	x	335	340	5
Brown Clay & Granite		340	350	10
Broken Granite	x	350	360	10
White, Brown Clay, Granite		360	390	30
Broken Granite	x	390	400	10

Washoe County Permit # **WL100036**

deepens well log # 16714

39.623940°N NAD 83 D.D.
119.831294°W -GPS-

9. WELL CONSTRUCTION

Depth Drilled **400** Feet Depth Cased **400** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	160 Feet 400 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	150	400

Perforations:

Type of perforation **Air Perf.**

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

From	To
220 feet to 240 feet	
380 feet to 400 feet	
_____ feet to _____ feet	
_____ feet to _____ 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: _____

Date started: **8-12, 20 10**

Date completed: **8-16, 20 10**

7. Water Level

Static water level: **147** 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

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Air	30	0	3
Pump	14	0	1

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 **08-16-10**

MMH