

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

OFFICE USE ONLY
 Log No. 112215
 Permit No. _____
 Basin 087

PRINT OR TYPE ONLY

phone: 775-849-3776

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

NOTICE OF INTENT NO. 66229

1. OWNER **Kim & Sue Sigler** ADDRESS AT WELL LOCATION **15625 Fawn Ln.**
 MAILING ADDRESS **15625 Fawn Ln.** **Reno, NV 89511**
Reno, NV 89511 **Subdivision Name: PM 2009** **County: Washoe**

2. LOCATION **NW¼SW¼ Sec36T18N/ R19E** Latitude **N39.38031** UTM E NAD 27
 PERMIT/WAIVER NO. **Prior APN: 049-131-08** **150-231-06** Longitude **W119.80630** 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
Brown Clay & Sand		144	165	21
Cobbles, Sand, Gravel		165	175	10
Brown Clay, Sand & Gravels		175	195	20
Small Sand & Gravel		195	205	10
Cobbles, Sand, Gravel, Brown Clay	X	205	250	45
Brown Clay		250	255	5
Brown Clay, Sand & Gravel	X	255	275	20
DG & Brown Clay		275	310	35
DG		310	315	5
DG & Brown Clay		315	335	20
Fractured, Weatherd Granite		335	355	20
Weatherd Granite		355	380	25
Fractured Granite	X	380	400	20

Washoe County Permit # **WL100064**

9. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

From	To
7 7/8 Inches	144 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)
6 1/2	12.92	.188	138	400

Perforations:

Type of perforation **Factory**

Size of perforation **3/32 x 4**

From	To
220 feet to	240 feet
260 feet to	280 feet
380 feet to	400 feet
_____ feet to	_____ feet
_____ feet to	_____ feet

*multiple wells on parcel. only this one is in use. Others have been plugged.
 39.380400°N NAD27
 119.805279°W
 (see also logs: 13815, 33397)

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: **10-26, 20 10**
 Date completed: **10-28, 20 10**

7. Water Level

Static water level: **145** 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:	TEST METHOD:	
	<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	Draw Down (Feet Below Static)
G.P.M.	Time (Hours)	
30	3	
_____	_____	
_____	_____	

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 **10-28-10**