

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

OFFICE USE ONLY
Log No. 112589
Permit No. _____
Basin 104

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. 66227 (1)

1. OWNER **Carl & Dorothy Yeager** ADDRESS AT WELL LOCATION **3160 Ash Canyon Rd.**
MAILING ADDRESS **PO Box 1744** **Carson City, NV 89704**
Carson City, NV 89702 *Subdivision Name:* _____ *County:* **Carson**

2. LOCATION **SE 1/4 SW 1/4 Sec 12 T15 N R19 E** Latitude **N39.17248** UTM E NAD 27
PERMIT/WAIVER NO. **007-101-12** Longitude **W119.80018** 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
Boulder's, Cobbles, DG sands		0	50	50
Cobbles, DG Sands, Brown Clay		50	140	90
DG Sand & Brown Clay		140	160	20
Cobbles, DG Sands, Brown Clay		160	220	60
Semi hard DG, Weatherd granite		220	240	20
Cobbles, DG Sand & Boulders		240	260	20
DG, Cobbles, Sand, Brown Clay		260	300	40
Cobbles, DG, Sands Boulders	X	300	400	100

Carson County Permit # 10-0000880

39. 172571°N NAD27 D.D.
119.799164°W -GRS-

* replaces original log # 23699, which was plugged under log # 112588

9. WELL CONSTRUCTION
Depth Drilled **400** Feet Depth Cased **400** Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
10 5/8 Inches **0** Feet **100** Feet
9 7/8 Inches **100** Feet **400** Feet
_____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.188	+3	400

Perforations:
Type of perforation **Factory**
Size of perforation **3/32 X 3"**
From **300** feet to **320** feet
From **340** feet to **360** feet
From **380** feet to **400** feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	105 to 5	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	400 to 105	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: 1/4 x 1/8			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

Date started: **11-22, 20 10**
Date completed: **12-20, 20 10**

7. Water Level
Static water level: **252'** 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Draw Down (Feet Below Static)			
Time (Hours)			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 **12-9-10**