

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

OFFICE USE ONLY
 Log No. 113066
 Permit No. _____
 Basin 085

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. 66448 ①

1. OWNER **Matthew & Melody Chutter** ADDRESS AT WELL LOCATION **750 Quintero Ln**
 MAILING ADDRESS **750 Quintero Ln.** **Reno, NV 89441**
Reno, NV 89441 *Subdivision Name: Spanish Springs* *County: Washoe*

2. LOCATION **SW¼NW¼ Sec18T21N/ R21E** Latitude **N39.69035** UTM E NAD 27
 PERMIT/WAIVER NO. **076-360-52** Longitude **W119.67567** N NAD 83/WGS 84
Issued by Water Resources *Parcel No.*

3. WORK PERFORMED New Well Replace Recondition Deepen Other _____
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fractured Granite		597	630	33
Semi Hard Granite	X	630	700	70
Broken Granite, Soft	X	700	740	40
Broken Soft Granite	X	740	800	60
<i>deepens well log # 40772</i>				
<i>39.690440°N NAD27</i>				
<i>119.674650°W</i>				
Washoe County Permit # WL110001				

RECEIVED
2011 FEB 23 AM 10:50
STATE ENGINEERS OFFICE

9. WELL CONSTRUCTION
 Depth Drilled **800** Feet Depth Cased **800** Feet
HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 inches **597** Feet **800** 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	580	800

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 4**

From	To
640 feet	660 feet
700 feet	720 feet
760 feet	780 feet
_____ feet	_____ feet
_____ feet	_____ feet

Annular Seal: Yes No

Material	to	to	to
<input type="checkbox"/> Neat Cement	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			
Bentonite Chips: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

7. Water Level
 Static water level: **504** 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:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	30+		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 **23095**
 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 **1-28-11**