

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

OFFICE USE ONLY
 Log No. 113816
 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. **66460**

1. OWNER **Ernest Anderson** ADDRESS AT WELL LOCATION **330 Abies Rd**
 MAILING ADDRESS **330 Abies Rd.** **Reno, NV 89511**
Reno, NV 89511 *Subdivision Name: Galena* *County: Washoe*

2. LOCATION **SW ¼SW¼ Sec10T17N/ R19E** Latitude **N39.34811** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **047-130-32** Longitude **W119.84100** N _____ NAD 83/WGS 84
Issued by Water Resources *Parcel No.*

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

6. **LITHOLOGIC LOG**

Material	Water Strata	From	To	Thick-ness
Top Soil W/Boulder		0	3	3
Gray Volcanic		3	46	43
Brown Sandy Clays		46	89	43
Brown to Gray Volcanic		89	129	40
Fractured Volcanic		129	143	14
Brown to Gray Volcanic		143	301	158
Well #4				
Installed 1" X 610' Loop Grouted from 301' to Surface with Cetco High TC grout.				

9. **WELL CONSTRUCTION**
 Depth Drilled **301** Feet Depth Cased **300** Feet
HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 5/8 Inches **0** Feet **301** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1"		LOOPS	+2	301

Perforations:
 Type of perforation _____
 Size of perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout **0** to **301** 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: _____

7. **Water Level**
 Static water level: _____ feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °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:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)

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 **923**
 Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date **04-19-11**

39.348200°N
 119.839978°W NAD 27 (T)