

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

OFFICE USE ONLY
 Log No. 116941
 Permit No. _____
 Basin 089

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. 69968

1. OWNER Josie Palmer ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS 210 Maggie Washoe Valley NV 89704 Subdivision Name: _____ County: Washoe
 2. LOCATION NW 1/4 NW 1/4 Sec 5 T 16 / R 20 E Latitude 39.287947 UTM E _____ NAD 27
 PERMIT/WAIVER NO. DOM13-25 050-413-46 Longitude -119.769211 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
Blown Sand		0	2	2
Brown Sandy Clays		2	7	5
Rusty DG		7	20	13
Brown Sandy Clays		20	47	27
Brown Sandy Clay W/ Boulders		47	71	24
Weathered Granite		71	121	50
Gray Volcanic Rock Fracture		121	132	11
Gray Granite W/ Some Clay		132	155	23
Soft Zone	x	155	159	4
Gray Granite W/ Some Clay		159	167	8
Soft Zone	x	167	176	9
Weathered Granite W Clay		176	181	5
Gray Granite		181	200	19

9. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches 0 Feet 55 Feet
9 7/8 Inches 55 Feet 200 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.94	.188	0	200

Perforations:
 Type of perforation **Factory Cut**
 Size of perforation 3/32 x 3"
 From 200 feet to 180 feet
 From 160 feet to 140 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 55 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 55 to 200 Pumped Poured
 Type: 1/4 x 1/8
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: 5/23, 20 13
 Date completed: 5/31, 20 13

7. Water Level
 Static water level: 88 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M.	<u>11</u>	<u>52</u>	<u>4</u>

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** (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 923
 Signed Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date 5/31/13

RECEIVED
 2013 JUN 28 AM 9:45
 STATE ENGINEERS OFFICE

NAD 27
 39.287947
 -119.769211
 Replaced well log # 11563
 Original plugged by
 log # 116943
 net 1099691