

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

OFFICE USE ONLY
 Log No. 116443
 Permit No. 29998
 Basin 069

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. 68968

1. OWNER **James Folton**
 MAILING ADDRESS 2780 Pueblo
Silver Springs NV 89429

ADDRESS AT WELL LOCATION **55 Viola**
Washoe Valley NV 89704
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **NW 1/4 SE 1/4 Sec 23T 17 / R 19E**
 PERMIT/WAIVER NO. **29998** Parcel No. **050-231-32**
Issued by Water Resources

Latitude **39.321268** UTM E NAD 27
 Longitude **-119.815713** N NAD 83/WGS 84

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
Gray Sands With Clay Streaks		70	95	25
Gray Sandy Clays		95	111	16
Soft Zone	x	111	115	4
Gray Sandy Clays		115	171	56
Gray Granite Sands	x	171	183	12
Gray Sandy Clays		183	190	7

9. WELL CONSTRUCTION
 Depth Drilled 190 -70 Feet Depth Cased 190 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches 70 Feet 190 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>10.8</u>	<u>.188</u>	<u>61</u>	<u>190</u>

Washoe County Permit **WL 130017**
 State of Nevada Permit **29998**
 Date started: **6/3, 2013**
 Date completed: **6/5, 2013**
 Deepens unknown well log
 NAD23
 39.321268
 119.815713

Perforations:
 Type of perforation **Factory Cut**
 Size of perforation **3/32 x 3"**
 From 181 feet to 161 feet
 From 121 feet to 101 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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: _____

7. Water Level
 Static water level: **54** 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**
 (CONTRACTOR)

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)		
G.P.M.	15	6	4
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 **6/10/13**