

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

OFFICE USE ONLY
 Log No. 116902
 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. 67200

1. OWNER John Farley ADDRESS AT WELL LOCATION 155 Old Mill Place
 MAILING ADDRESS 155 Old Mill Place Carson City, NV 89704
Carson City, NV 89704 Subdivision Name: _____ County: Washoe

2. LOCATION NE 1/4 NE 1/4 Sec 34 T17N R19E Latitude N 39.17973 UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ 046-041-03 Longitude W 119.49867 N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other Geo-Loops

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	Thickness
Fill Dirt		0	9	9
D.G		9	27	18
Brown Clays w/D.G		27	58	31
Boulder's		58	62	4
D.G w/Clay Streaks		62	124	62
Weatherd Granite		124	152	28
White & Black Granite		152	183	31
Soft Zone	x	183	187	4
White & Black Granite		187	214	27
Weatherd Granite, Rusty Color		214	236	22
White & Black Granite		236	250	14

9. WELL CONSTRUCTION
 Depth Drilled 250 Feet Depth Cased 250 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches 0 Feet 250 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1"	Poly	Geo Loops	+5	250

Perforations:
 Type of perforation NONE
 Size of perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout 0 to 250 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 Draw Down	<input type="checkbox"/> Air Lift
G.P.M.	(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 23095 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 1-16-12

RECEIVED
 2012 FEB 2 AM 11:46
 STATE ENGINEER'S OFFICE

39.299640°N
 119.830097°W
 NAD83
 Dec/Dec