

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

OFFICE USE ONLY
 Log No. 116903
 Permit No. _____
 Basin 689

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**
 MAILING ADDRESS **155 Old Mill Place**
Carson City, NV 89704

ADDRESS AT WELL LOCATION **155 Old Mill Place**
Carson City, NV 89704
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **NE 1/4 NE 1/4 Sec 34 T17N R19E**
 PERMIT/WAIVER NO. _____ Parcel No. **046-041-03**
Issued by Water Resources

Latitude **N 39° 17' 980** UTM E _____ NAD 27
 Longitude **W 119° 49' 860** N _____ NAD 83/WGS 84

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

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: _____

Well # 2
 Installed **1" HDPE heat loop**
Pressure grouted well from the bottom to surface with 12 bgs of sand 48 bgs of high TC grout.

Date started: **1-5, 2012**
 Date completed: **1-6, 2012**

7. **Water Level**
 Static water level: _____ feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: **not tested**

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 23096**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **923**

Signed *R. Brumfitt*
 By driller performing actual drilling on site or contractor

Date **1-16-12**

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

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 2012 FEB -2 AM 10:47
 STATE ENGINEERS OFFICE

39.299757' N NAD27
 119.829980' W Dec/Dec