

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

OFFICE USE ONLY  
 Log No. 116937  
 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. **70576**

1. OWNER **Karen Miller-Regnier**  
 MAILING ADDRESS **4365 Gander Ln.**  
**Washoe Valley NV 89704**

ADDRESS AT WELL LOCATION **Same**  
 Subdivision Name: \_\_\_\_\_ County: **Washoe**  
 Latitude **39.28556** UTM E  NAD 27  
 Longitude **-119.75431** N  NAD 83/WGS 84

2. LOCATION **NE 1/4 NE 1/4 Sec 05 T 16N / R 20 E**  
 PERMIT/WAIVER NO. **DOM 13-27** **050-435-24**  
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

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Top Soil		0	1	1
Boulder Rock w/ Clay		1	3	2
Brown Sandy Clays		3	9	6
Weathered Granite		9	64	55
Fracture (No Water)		64	65	1
Westhered Hard Granite		65	80	15
Soft Zone		80	89	9
Weathered Hard Granite		89	127	38
Soft Zone & Clay Streaks		127	136	9
Gray Hard Granite		136	302	166
Weathered Softer Granite	?	302	309	7
Gray Hard Granite		309	406	97
Weathered Granite		406	427	21
Fracture	x	427	431	4
Weathered Granite		431	454	23
Gray Hard Granite		454	511	57
Small Fracture		511	512	1
Gray Granite		512	522	10
Fracture	x	522	527	5
Gray Granite		527	550	23

9. WELL CONSTRUCTION  
 Depth Drilled **550** Feet Depth Cased **550** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
**10 5/8** Inches **0** Feet **55** Feet  
**8 5/8** Inches **55** Feet **550** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.94</b>	<b>.188</b>	<b>0</b>	<b>550</b>

Perforations:  
 Type of perforation **Factory Cut**  
 Size of perforation **3/32 x 3**  
 From **550** feet to **510** feet  
 From **420** feet to **400** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Annular Seal:  Yes  No

<input checked="" type="checkbox"/> Neat Cement	0 to 55	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack:  Yes  No **55** to **550**  Pumped  Poured  
 Type: **1/4 x 1/8**

Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Type: \_\_\_\_\_

Date started: **June 6<sup>th</sup>, 20 13**  
 Date completed: **June 12<sup>th</sup>, 20 13**

7. Water Level  
 Static water level: **147** 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:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
	Draw Down (Feet Below Static)		Time (Hours)
<b>25</b> P.M.			<b>4</b>

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 *R. Bruce MacKay*  
 By driller performing actual drilling on site or contractor  
 Date **6/24/13**