

4/4 wells

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

OFFICE USE ONLY
Log No. 117360
Permit No. 083
Basin

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. 67199

1. OWNER William Hanson
MAILING ADDRESS 2830 Goldfield Rd Reno-VCH, NV 89521
ADDRESS AT WELL LOCATION 2830 Goldfield Rd Reno-VCH, NV 89521
2. LOCATION SW/4 NE/4 Sec 28 T18 N/ R21 E
Subdivision Name: County: Storey
PERMIT/WAIVER NO. SE NW 003-351-43
Latitude N39°23'99" UTM E Longitude W119°37'05" N

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil		0	1	1
Reddish Brown Sandy Clays		1	41	40
Soft Zone		41	46	5
Reddish Brown Sandy Clays		46	66	20
Purple Sandy Clays		66	124	58
Reddish Brown Sandy Clays		124	158	34
Brown Volcanic Rock		158	198	40
Brown Sandy Clays		198	248	50
Softer Volcanic Rock		248	258	10
Soft Zone		258	260	2
Brown Volcanic		260	300	40

9. WELL CONSTRUCTION
Depth Drilled 300 Feet Depth Cased 300 Feet
HOLE DIAMETER (BIT SIZE)
From 6 1/8 Inches To 0 Feet 300 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	300

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 300 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:

Date started: 1-17, 20 12
Date completed: 1-18, 20 12

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:	<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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. Bruce MacKay
By driller performing actual drilling on site or contractor
Date 1-19-12

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

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2012 FEB -2 AMB
STATE ENGINEER

39.400071 °N
119.627403 °W
NAD27
Dec 10 deg