

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

OFFICE USE ONLY  
 Log No. 117499  
 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. **70582**

1. OWNER **Jack & Barbara Novak** ADDRESS AT WELL LOCATION **Same**  
 MAILING ADDRESS **4105 Drake Way**  
**Washoe Valley, NV 89704** Subdivision Name: \_\_\_\_\_ County: **Washoe**

2. LOCATION **NW 1/4 SE 1/4 Sec 32 T 17 / R 20 E** Latitude **39.291664** UTM E  NAD 27  
 PERMIT/WAIVER NO. **DOM13-45** Parcel No. **050-393-09** Longitude **-119.759180** N  NAD 83/WGS 84  
Issued by Water Resources

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
Gray Granite		215	231	16
Soft Granite with Clay Streaks		231	245	14
Granite		245	260	15
Soft Zone	X	260	262	2
Weathered Granite		262	273	11
Soft Zone	X	273	274	1
Weathered Granite		274	298	24
Fracture	X	298	299	1
Weathered Granite		299	325	26

9. WELL CONSTRUCTION

Depth Drilled **325** Feet Depth Cased **325** Feet

HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
**6 1/8** Inches **215** Feet **325** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>5"</b>	<b>10.79</b>	<b>.188</b>	<b>205</b>	<b>325</b>

Perforations:  
 Type of perforation **Factory Perforated**  
 Size of perforation **3/32 x 3"**

From	To
<b>325 feet</b>	<b>285 feet</b>
_____ feet	_____ feet

Annular Seal:  Yes  No

Material	to	Method
<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped <input 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: _____		
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: _____		

7. Water Level

Static water level: **170** feet below land surface  
 Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water Temperature: **Cool** °F  
 Quality: **Not Tested**

8. WELL TEST DATA

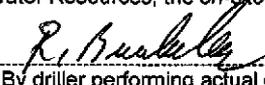
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<b>14</b>	<b>25</b>	<b>4</b>

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   
 By driller performing actual drilling on site or contractor

Date **7/30/13**