

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

OFFICE USE ONLY
 Log No. 117557
 Permit No. _____
 Basin 0924

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. 70583

1. OWNER **Lee Hohman**
 MAILING ADDRESS **14065 Red Rock Rd**
Reno NV 89502
 2. LOCATION **NW 1/4 NW 1/4 Sec 22 T 19 N R 29 E**
 PERMIT/WAIVER NO. **DOM 13-50** Parcel No. **079-351-05**
Issued by Water Resources

ADDRESS AT WELL LOCATION **Same**
 Subdivision Name: _____ County: **Washoe**
 Latitude **39.751964** UTM E NAD 27
 Longitude **-119.883004** N NAD 83/WGS 84

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 Volcanic Rock		378	424	46
Soft Zone	x	424	425	1
Gray Volcanic Rock		425	445	20
Soft Zone	x	445	446	1
Gray Volcanic Rock		446	462	16
Soft Zone	x	462	463	1
Gray Volcanic Rock		463	500	37

9. WELL CONSTRUCTION
 Depth Drilled **500** Feet Depth Cased **500** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches To **378** Feet
 _____ Inches _____ Feet **500** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	360	500

Perforations:
 Type of perforation **Factory Cut & Mill Tooth**
 Size of perforation **3 x 3/32**
 From **225** feet to **250** feet
 From **300** feet to **325** feet
 From **330** feet to **340** feet
 From **460** feet to **500** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ 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: **127** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **Cool** °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**
(CONTRACTOR)

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
13	77	4	
<i>NAD 27</i>			
<i>39.052056° N</i>			
<i>119.881916° W</i>			
<i>Deepen well log # 35194</i>			

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 **8/9/13**