

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

OFFICE USE ONLY
 Log No. 117611
 Permit No. _____
 Basin 105

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. **69157**

1. OWNER Marc Young and James Castles
 MAILING ADDRESS 2582 US Hwy 395
Gardnerville, NV 89410

ADDRESS AT WELL LOCATION 2543 Henning (Lot #)
Minden, NV 89423
 Subdivision Name: _____ County: Douglas

2. LOCATION SW¼NW¼ Sec2 T13N/ R 20E
 PERMIT/WAIVER NO. 1320-02-001-025
Issued by Water Resources

Latitude 39.022756 UTM E NAD 27
 Longitude -119.712171 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
Brown Sandy Clay		165	215	50
Coarse Sand		215	230	15
Brown Sandy Clay		230	245	15
Coarse Sand & Small Gravels	x	245	265	20

9. WELL CONSTRUCTION

Depth Drilled 265 Feet Depth Cased 265 Feet
HOLE DIAMETER (BIT SIZE)
 From _____ To _____
7 7/8 Inches 165 Feet 265 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.9</u>	<u>.188</u>	<u>153</u>	<u>265</u>

★ original log being deepened: UNKNOWN

Perforations:
 Type of perforation Factory Milled
 Size of perforation 3/32 x 3"
 From 245 feet to 265 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: 152' 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, Inc.
(CONTRACTOR)

8. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.	_____	
	<u>20</u>		<u>3</u>
	<u>39. φ22847W</u>	<u>NAD27</u>	
	<u>119. 71161°W</u>		

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 1790
 Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date 7-26-12

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 STATE ENGINEERS OFFICE