

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

OFFICE USE ONLY
 Log No. 114154
 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. **70979**

1. OWNER **Ed Chaves**
 MAILING ADDRESS **1180 Skinner Washoe Valley, NV 89704**
 ADDRESS AT WELL LOCATION **1180 Skinner Washoe Valley, NV 89704**
 2. LOCATION **NW¼NW¼ Sec30T17N/ R20E** Subdivision Name: _____ County: **Washoe**
 PERMIT/WAIVER NO. **Dom 13-63** Parcel No. **050-251-05**
 Issued by *Water Resources* Latitude **39.317037** UTM E _____ NAD 27
 Longitude **119.787570** 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
Weathered Hard Granite		120	127	7
Small fracture		127	128	1
Weathered granite		128	188	60
Gray hard granite		188	192	4
Weathered granite		192	215	23
Gray hard granite		215	227	12
Small fracture		227	228	1
Gray hard granite		228	257	29
Weathered granite	X	257	265	8
Gray granite	X	265	275	10

*NAD27
 39.317127°N
 119.787570°W*

Deepen well log unknown

9. WELL CONSTRUCTION
 Depth Drilled **275** Feet Depth Cased **275** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
9 7/8 Inches **117** Feet **275** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	103	275

Perforations:
 Type of perforation **Factory**
 Size of perforation **.060 double row**
 From **245** feet to **265** feet
 From **165** feet to **185** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	0 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: _____			
Bentonite Chips: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

Date started: **9-11, 20 13**
 Date completed: **9-12, 20 13**

7. Water Level
 Static water level: **70** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cold** °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 type="checkbox"/> Pump	
Air	17	<input checked="" type="checkbox"/> Air Lift		2

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 **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 **9-21-'13**