

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

OFFICE USE ONLY
Log No. 119208
Permit No. _____
Basin 059

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. 70983

1. OWNER **Gerald Carr** ADDRESS AT WELL LOCATION **4325 Jumbo Grade Way**
MAILING ADDRESS **4325 jumbo Grade Way** **Washoe Valley, NV 89704**
Washoe Valley, NV 89704 Subdivision Name: _____ County: Storey Washoe

2. LOCATION **NE 1/4 NE 1/4 Sec 5 T16N / R20E** Latitude **39.284848** UTM E _____ NAD 27
PERMIT/WAIVER NO. **050-436-07** Longitude **119.755641** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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	Thickness
Weathered Granite		245	290	45
Rusty soft zone	x	290	297	7
Weathered Granite		297	315	18
Gray hard Granite		315	347	32
Weathered Granite	x	347	510	163
Soft zone Rusty clay streaks	X	510	515	5
Weathered Granite		515	550	35

9. WELL CONSTRUCTION

Depth Drilled **550** Feet Depth Cased **550** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	243 Feet 550 Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.72	.188	230	550

Perforations:

Type of perforation **Factory**

Size of perforation **3/32 x 3"**

From	To
530 feet to	550 feet
430 feet to	450 feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ 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: _____

Date started: **9-24, 2013**

Date completed: **9-26, 2013**

7. Water Level

Static water level: **118** feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °F

Quality: **not tested**

8. WELL TEST DATA

TEST METHOD:	G.P.M.		Time (Hours)
	Bailer	Pump	
Air	13	70	2
pump	13	70	1

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 **10-1-13**

RECEIVED
2013 OCT 21 PM 1:04
STATE ENGINEERS OFFICE

deepens well log 19315

*NAD 27
39.284848N
119.754624W*