

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

OFFICE USE ONLY
 Log No. 119107
 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. 70987

1. OWNER **George Gillemot** ADDRESS AT WELL LOCATION **4850 Old US 395**
 MAILING ADDRESS **4814 Old US 395** **Washoe Valley, NV 89704**
Washoe Valley NV 89704 *Subdivision Name:* _____ *County:* **Washoe**

2. LOCATION **NE¼NW¼ Sec10T16N / R19E** Latitude **39.26993** UTM E NAD 27
 PERMIT/AIVER NO. _____ Parcel No. _____ Longitude **-119.84019** 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 **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown Sand & Silt		0	10	10
Grey Sand & Gravel		10	60	50
Grey Clay		60	65	5
Grey Sand & Gravel		65	90	25
Grey Clay		90	93	3
Grey Sand, Small Gravel & Coarse Sand		93	160	67
Brown Sand, Small Gravel & Coarse Sand		160	180	20
Grey Sand, Small Gravel & Coarse Sand		180	220	40
Brown Sand, Small Gravel & Coarse Sand		220	240	20

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replaces with new well log

9. WELL CONSTRUCTION

Depth Drilled **240** Feet Depth Cased **240** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **240** 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	+2	240

Perforations:
 Type of perforation **Factory**
 Size of perforation **.060 double row**
 From **160** feet to **240** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 55 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 55 to 240 Pumped Poured
 Type: **1/4 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **10/30, 2013**
 Date completed: **10/31, 2013**

7. Water Level
 Static water level: **10** 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.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
Pump	70	30	4

*NAO 11/19/13
 39, 27002 PN
 119.83910W*

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 **1790**

Signed *R. Bruce MacKay*
 By driller performing actual drilling on site or contractor
 Date **11/7/13**