

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

OFFICE USE ONLY
 Log No. 119109
 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. 71188

1. OWNER Tommy Harris ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS 195 Cottontail Ln
Washoe Valley NV 89704 Subdivision Name: _____ County: Washoe
 2. LOCATION NE1/4NE1/4 Sec31T17N / R20E Latitude 39.302582 UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ Parcel No. _____ Longitude -119.774196 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		205	235	30
Weathered Granite		235	295	60
Fracture	x	295	296	1
Weathered Granite		296	310	14
Grey Hard Granite		310	360	50
Fracture	x	360	362	2
Grey Granite		362	470	108
White Clay Streaks	X	470	473	3
Grey Granite		473	500	27

9. WELL CONSTRUCTION

Depth Drilled 500 Feet Depth Cased 500 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches 205 Feet 500 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5"	10.79	.188	180	500

Date started: 1/14, 2014
 Date completed: 1/16, 2014

7. Water Level
 Static water level: 165 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: not tested

8. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input checked="" type="checkbox"/> Air Lift	<u>60</u>	<u>2</u>	
<input type="checkbox"/> Bailer			
<input type="checkbox"/> Pump			

Perforations:

Type of perforation Factory
 Size of perforation .060 double row

From	To
<u>340</u> feet to	<u>360</u> feet
<u>480</u> feet to	<u>500</u> 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: _____

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 1/16/14

RECEIVED
 2014 JAN 31 AM 11:57
 STATE ENGINEERS OFFICE

deepens well log
18884
NAD27
39.302582
119.774196