

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

OFFICE USE ONLY
 Log No. 121012
 Permit No. _____
 Basin 088

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. **72508**

1. OWNER **Linda Guy**
 MAILING ADDRESS **16280 Mt Rose Hwy**
Reno, NV 89511

ADDRESS AT WELL LOCATION **same**
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW 1/4 SE 1/4 Sec 34 T 18N / R19E**
 PERMIT/WAIVER NO. **Dom14-49** **049-080-21**
Issued by Water Resources Parcel No.

Latitude **39.376793** UTM E _____ NAD 27
 Longitude **-119.834329** 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 **Mud**

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Fill		169	170	1
Sands & Gravel w/ Clay Streaks	X	170	183	13
Granite & Volcanic Sands w/ gravels & boulders		183	221	38
Gray Volcanics w/ Clay Streaks		221	240	19
Brown Sandy Clays		240	244	4
Soft Zone	X	244	264	20
Gray Volcanics		264	274	10
Reddish Brown Volcanic & some Grays		274	299	25
Multi Colored Volcanics with Clay Streaks		299	304	5
Brown Sandy Clay		304	321	17
Multi Colored Volcanics		321	348	27
Soft Zone	X	348	351	3
Multi Colored Volcanics		351	383	32
Soft Zone	X	383	386	3
Multi Colored Volcanics with some Clay Streaks		386	432	46
Soft Zone		432	437	5
Hard Gray Volcanics		437	460	23

9. WELL CONSTRUCTION
 Depth Drilled **460** Feet Depth Cased **460** Feet

HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches **170** Feet **460** 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	152	460

Perforations:
 Type of perforation **Factory**
 Size of perforation **.060 double row**
 From **452** feet to **432** feet
 From **412** feet to **392** feet
 From **352** feet to **332** feet
 From **252** feet to **232** 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: _____

Date started: **10/20**, 20 **14**
 Date completed: **10/24**, 20 **14**

7. Water Level
 Static water level: **154** 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:		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
Pump	21	2	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 **10/27/14**

Deepens Unknown Well log