

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

OFFICE USE ONLY
 Log No. 121015
 Permit No. V-010762
 Basin 091

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. 72630

1. OWNER **Riverbelle Properties LLC** ADDRESS AT WELL LOCATION **105 Bridge St.**
 MAILING ADDRESS **1401 W. 4th St.** **Verdi, NV 89439**
Reno, NV 89503 *Subdivision Name:* _____ *County:* **Washoe**

2. LOCATION **NW¼NW¼ Sec17T19N / R18E** Latitude **39.518328** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **V-010762** **038-402-04** Longitude **119.989275** 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 **Mud**

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Top Soil		0	1	1
Boulders, gravel, sandy brn clay		1	47	46
Gray sandy clay		47	53	6
Dark brown sandy clay		53	61	8
Gray sandy clay		61	115	54
Dark brown sandy clay		115	139	24
Gray sandy clay		139	183	44
Soft zone		183	184	1
Gray sandy clay		184	201	17
Dark brown clays		201	248	47
Gray sticky gray clay		248	253	5
Gray sandy clays		253	276	23
Boulders, gray clay		276	293	17
Soft zone		293	295	2
Boulders, gray clays		295	331	36
Gray sandy clays		331	349	18
Brown sandy clays		349	358	9
Soft zone	x	358	359	1
Brown sandy clay		359	400	41

9. WELL CONSTRUCTION

Depth Drilled **400** Feet Depth Cased **400** Feet

HOLE DIAMETER (BIT SIZE)

From	To
12 1/4 Inches	0 Feet to 160 Feet
9 7/8 Inches	160 Feet to 400 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	400

Perforations:

Type of perforation **Factory**

Size of perforation **.060 double row**

From	To
260 feet to	320 feet
340 feet to	380 feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

Material	From	To	Method
Neat Cement	0	160	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack	160	400	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured

Type: **1/4 x 1/8**

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: **9-11, 20 14**
 Date completed: **9-26, 20 14**

7. Water Level

Static water level: **94** feet below land surface

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

Water Temperature: **73** °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 type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
Air	60	300	4
Air	30	100	1
Pump	30	20	3
Pump	30	40	48

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 Services, 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 *Bruce MacKay*
 By driller performing actual drilling on site or contractor

Date **10-2-14**

Replacing Unknown Well log

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 STATE ENGINEERS OFFICE