

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

OFFICE USE ONLY
 Log No. 121948
 Permit No. _____
 Basin 097

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. **72509**

1. OWNER **Bob Hudgens**
 MAILING ADDRESS **1065 Marsh Ave**
Reno, NV 89509

ADDRESS AT WELL LOCATION **3801 LaMay Ln**
Reno NV 89511
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW 1/4 SW 1/4 Sec 12 T18N / R19E**
 Latitude **39.435861** UTM E NAD 27
 Longitude **-119.807424** N NAD 83/WGS 84

PERMIT/WAIVER NO. **DOM14-51** Parcel No. **040-691-08**
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
Top Soil		0	1	1
Brown Sandy Clays		1	48	47
Brown & Purple Volcanic Rock		48	69	21
Black Volcanic		69	88	19
Reddish Brown Volcanic Rock		88	146	58
Brown Volcanic Rock w/ Some Clay Streaks		146	153	7
Brown Volcanic Rock		153	171	18
Fractured Rusty Rock	X	171	175	4
Brown Volcanic Rock		175	201	26
Brown Clay		201	207	6
Brown Volcanic Rock		207	222	15
Soft Zone		222	224	2
Brown Volcanic Rock		224	241	17
Grey Volcanic Rock w/ Clay Streaks		241	266	25
Fracture	X	266	271	5
Grey Volcanic Rock		271	300	29

Washoe County Permit # 121948000 NAD 27 39.435861N 119.807424W

Replaces unknown log

9. WELL CONSTRUCTION
 Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
11 Inches **0** Feet **105** Feet
9 7/8 Inches **105** Feet **300** 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	300

Perforations:
 Type of perforation **Factory**
 Size of perforation **.060 double row**

From	300 feet to	280 feet
From	260 feet to	240 feet
From	180 feet to	160 feet
From	_____ feet to	_____ feet
From	_____ feet to	_____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	0 to 105	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	105 to 300	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: 1/4 x 1/8			
Bentonite Chips: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

Date started: **10/27**, 20 **14**
 Date completed: **10/30**, 20 **14**

7. Water Level
 Static water level: **124** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: **not tested**

8. WELL TEST DATA

TEST METHOD	Bailer	Pump Draw Down (Feet Below Static)	Air Lift	Time (Hours)
Air	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2

20141017 11:19 AM STATE ENGINEER

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 *Frankie*
 By driller performing actual drilling on site or contractor
 Date **11/6/14**