

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

OFFICE USE ONLY
 Log No. 121556
 Permit No. _____
 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. 72522

1. OWNER **Robert Klein** ADDRESS AT WELL LOCATION **554 S Verdi St**
 MAILING ADDRESS **PO Box 703** **Verdi NV 89439**
Verdi NV 89439 **Subdivision Name:** _____ **County: Washoe**

2. LOCATION **SW 1/4 NW 1/4 Sec 17 T 19N / R18E** Latitude **39.513705** UTM E NAD 27
 PERMIT/WAIVER NO. **038-420-18** Longitude **-119.990975** 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
Boulders Cobbles Gravel&Sand		0	45	45
Brown Clay		45	50	5
Brown Gray Clay with Layered Volcanics		50	140	90
Brown Clay & Silt		140	160	20
Brown Clay		160	172	12
Gray Clays		172	174	2
Brown Clay		174	183	9
Brown Clay & Sand		183	184	1
Brown Clay		184	205	21
Brown & Gray Clay w/ Small Sand Layers		205	208	3
Brown & Gray Clay		208	283	75
Brown Clay		283	300	17
Brown Clay with Sand Layers		300	320	20

Washoe County Permit #WL140077

NAD 27
39.513706°N
119.989941°W

9. WELL CONSTRUCTION
 Depth Drilled **320** Feet Depth Cased **320** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **320** 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	320

Perforations:
 Type of perforation **Factory**
 Size of perforation **.060 double row**
 From **320** feet to **300** feet
 From **280** feet to **260** feet
 From **220** feet to **240** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 100 to 320 Pumped Poured
 Type: **1/4 x 1/8**

Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **12/5**, 20 **14**
 Date completed: **12/8**, 20 **14**

7. Water Level
 Static water level: **35** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **70** °F
 Quality: **not tested**

8. WELL TEST DATA

TEST METHOD	<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	Draw Down (Feet Below Static)	Time (Hours)
Air	30+ G.P.M.		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 **1790**
 Signed _____
 By driller performing actual drilling on site or contractor
 Date **12/11/14**

Replacing Unknown Well log