

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

OFFICE USE ONLY
 Log No. 121780
 Permit No. _____
 Basin 104

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. 72542

1. OWNER **Cathryn Coffman**
 MAILING ADDRESS 562 Teesdale Rd
Yuba City CA 95991
 ADDRESS AT WELL LOCATION **3615 Cherokee**
Reno, NV 89705
 Subdivision Name: _____ County: Washoe Douglas

2. LOCATION **SE 1/4 SE 1/4 Sec 1 T14N / R19E**
 PERMIT/WAIVER NO. **DOM14-60** **1419-01-801-020**
Issued by Water Resources Parcel No.
 Latitude **39.100526** UTM E NAD 27
 Longitude **-119.789098** 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
Sandy brown clay		0	30	30
DG, brown sandy clay		30	60	30
Brown sandy clay w/dg		60	90	30
Coarse dg sand		90	100	10
DG w/ clay streaks		100	115	15
Brown sandy clays		115	127	12
Sandy grey clay		127	130	3
Cobbles sand gravel clay	x	130	160	30
Cobbles sand gravel clay	x	160	170	10
Sand gravel gravel brown clay	x	170	195	25
Sand gravel green clay	x	195	205	10
Sandy brown clay		205	215	10
DG sand small gravel	x	215	240	25

9. WELL CONSTRUCTION
 Depth Drilled **240** Feet Depth Cased **240** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **240** 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	240

Perforations:
 Type of perforation **Factory**
 Size of perforation **.060 double row**
 From **240** feet to **220** feet
 From **200** feet to **180** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No **240** to **50** Pumped Poured
 Type: **1/4 x 1/8**

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

Date started: **12-12**, 20 **14**
 Date completed: **12-16**, 20 **14**

7. Water Level
 Static water level: **39'** 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 <input type="checkbox"/> Pump <input type="checkbox"/>		Air Lift <input checked="" type="checkbox"/>
	G.P.M.	Draw Down (Feet Below Static)	
Air	20+		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 **2326**

Signed *Frank [Signature]*
 By driller performing actual drilling on site or contractor
 Date **12-23-14**

Replaces Unknown well log