

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

OFFICE USE ONLY
 Log No. 122019
 Permit No. _____
 Basin 089

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. 73070

1. OWNER **Karen Barr** ADDRESS AT WELL LOCATION **95 Esmeralda Dr.**
 MAILING ADDRESS **95 Esmeralda** **Reno NV 89704**
Reno NV 89704 **County: Washoe**

2. LOCATION **SW¼SW¼ Sec32T17N/ R 20 E** Latitude **39.29270** UTM E NAD 27
 PERMIT/WAIVER NO. **050-397-02** Longitude **-119.76480** 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Well Fill		280	285	5
Gray Granite		285	316	22
Streak Of Brown Clays		316	318	2
Gray Granite		318	344	26
Soft Weathered Granite		344	365	21
White & Gray Granite		365	415	50
Soft Zone	X	415	416	1
Gray Granite		416	440	24
Soft Zone	X	440	445	5
Gray Granite		445	460	15

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

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches **284** 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	260	460

Perforations:
 Type of perforation **Factory**
 Size of perforation **.060 Double Row**

From **340** feet to **360** feet
 From **440** feet to **460** feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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: **3/2, 20 15**
 Date completed: **3/4, 20 15**

7. Water Level
 Static water level: **155'** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **62** °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	15		2
Air			

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 *Bruce MacKay*
 By driller performing actual drilling on site or contractor
 Date **3/6/15**

Deepens Unknown well log