

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

OFFICE USE ONLY
Log No. 122345
Permit No. _____
Basin 083

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. **73066**

1. OWNER **Mike & Susan Lane**
MAILING ADDRESS **1870 Castle Peak Rd.
Reno, NV 89521**

ADDRESS AT WELL LOCATION **1870 Castle Peak Rd.
Reno, NV 89521**

Subdivision Name: _____ County: **Storey**

2. LOCATION **NE 1/4 SE 1/4 Sec 30 T18N / R21E**
Latitude **39.395239** UTM E _____ NAD 27
Longitude **-119.656139** N _____ NAD 83/WGS 84

PERMIT/WAIVER NO. **003-321-25** Parcel No. _____
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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown Clay		0	9	9
Purple & brown clay		9	74	65
Light gray brown clay		74	115	41
Gray clay, purple volcanics		115	137	22
Purple volcanics w/ brown clay		137	145	8
Soft zone, gray black volcanics	x	145	175	30
Gray/black volcanics		175	192	17
Fractured rock, gray clay		192	197	5
Gray clay, purple volcanics		197	211	14
Brown clay, gray volcanics	x	211	250	39

9. WELL CONSTRUCTION

Depth Drilled **250** Feet Depth Cased **250** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet to 55 Feet
9 7/8 Inches	55 Feet to 250 Feet
_____ Inches	_____ Feet to _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	250

Date started: **4-17, 20 15**
Date completed: **4-21, 20 15**

Perforations:

Type of perforation **Factory**
Size of perforation **.090 single row**

From **250** feet to **230** feet
From **170** feet to **150** feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 55 to 0 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 55 to 250 Pumped Poured
Type: **1/4 x 1/8**

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

7. Water Level

Static water level: **101** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **59°** °F
Quality: **not tested**

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
Air	16		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 **2126**

Signed **R. Bruce MacKay**
By driller performing actual drilling on site or contractor
Date **4-21-'15**

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 2015 APR 30 AM 11:52
 STATE ENGINEER
 OFFICE