

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

OFFICE USE ONLY
Log No. 122826
Permit No. _____
Basin No. 092A

PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 70123
WELL NAME (if applicable): MWI

1. OWNER/CLIENT NAME McFinley Associates
MAILING ADDRESS 815 Maestra Dr. Reno, NV 89511

DETAILED ADDRESS AT WELL LOCATION Nevada Army National 20000 Army Aviation Dr. Reno Nevada
Subdivision Name: _____ County: Washoe

2. PLS LOCATION S01/4 NE 1/4 19 Sec 21 N/S 19 E
PERMIT/WAIVER NO. M10-2001 086-890-03
Issued by Water Resources Current Parcel No.

Latitude 39° 40' 28" N UTM E
Longitude 119° 53' 34" W UTM N
 NAD 27
 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
<u>0-20" Sandy silt</u>				
<u>20-35" Silty Sand</u>				
<u>35-50" Silty Sand</u>				
<u>50-65" Sandy gravel</u>				
<u>65-70" Silty clay</u>				

9. INSTRUCTION
Depth Drilled: 70 Feet Depth Cased: 70 Feet
HOLE DIAMETER (BIT SIZE)
8 Inches 0 Feet 70 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>		<u>sch 40</u>	<u>0</u>	<u>70</u>

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement 0 to 36' Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 36' to 38' Pumped Poured
 Gravel Pack [> 0.2 in.] _____ to _____ Pumped Poured
 Sand Pack [< 0.2 in.] 38' to 70' Pumped Poured
 Other, explain: _____

PERFORATIONS:
Type of perforation: Manufactured slot
Size of perforation: 0.02 slot
From 40 Feet To 70 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: 7-6, 20 15
Date completed: 7-6, 20 15

7. WATER QUALITIES
Static water level: 50' Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.P.M.		Draw Down (Feet Below Static)	Recorded Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Gregg Drilling
Address 950 Howe Av Martinez, Ca. 94553
Nevada contractor's license number as issued by the State Contractor's Board: 0038113
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2389-11
Signed: C. Santella
Date: 7-6-2015