

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

OFFICE USE ONLY
 Log No. 123799
 Permit No. _____
 Basin 088

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. 73428

1. OWNER **Al Abraham** ADDRESS AT WELL LOCATION **15835 Caswell Ln**
 MAILING ADDRESS **427 Artemus Ct** **Reno NV 89511**
Henderson NV 89074 *Subdivision Name: Callahan Ranch County: Washoe*

2. LOCATION **SW 1/4 SE 1/4 Sec 34 T 18 N/S R 19 E** Latitude **39.376405** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **DOM 15-50** **049-080-15** Longitude **-119.834903** 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
Fill		225	239	14
Multicolor Volcanic & Sands		239	244	5
Black Sand & Grey Clays		244	260	16
Loss Of Returns		260	261	1
Hard Volcanics		261	269	8
Soft Zone		269	273	4
Clays with Volcanic Layers		273	288	15
Light Grey Mud & Clays		288	294	6
Black Volcanic W/ Red Clay		294	301	7
Light Gray & Yellow Clays		301	319	18
Grey & Black Volcanics		319	363	44
Fractured Volcanics		363	378	15

Washoe County
 Permit # WL150074

NAD 27
39.376495
119.833881

9. WELL CONSTRUCTION

Depth Drilled **378** Feet Depth Cased **378** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches **225** Feet **378** 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	219	378

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

From **378** feet to **358** 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: **8/19**, 20 **15**
 Date completed: **8/21**, 20 **15**

7. Water Level
 Static water level: **140** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **57** °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 checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
Air	60+	-	4

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 *[Signature]*
 By driller performing actual drilling on site or contractor
 Date **9/10/15**

Deepening well log 71635