

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

OFFICE USE ONLY

Log No. 124139

Permit No. _____

Basin 087

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. 73425

1. OWNER **Travis Hawkins**
MAILING ADDRESS **10700 Dryden Dr**
Reno NV 89511

ADDRESS AT WELL LOCATION **10800 Dryden Dr**
Reno NV 89511
Subdivision Name: _____ County: **Washoe**

2. LOCATION **SE 1/4 NE 1/4 Sec 12 T 18 N/S R 19 E**
PERMIT/WAIVER NO. _____
Issued by Water Resources **230-092-05**
Parcel No. _____

Latitude **39.436044** UTM E NAD 27
Longitude **-119.801702** 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
Black Grey Rusty Rock		428	434	6
Fractured Rock		434	438	4
Purple Volcanic w/ Clay Layers		438	449	11
Multicolored Fractured Rock		449	464	15
Fractured Rock		464	465	1
Hard Black & Grey Rock		465	479	14
Grey Volcanic & Rusty Clay		479	487	8
Light Gray Volcanics		487	501	14
Purple Clay & Volcanics		501	503	2
Grey Green Fractured Rock		503	509	6
Grey & Black Fractured Rock		509	514	5
Grey Hard Rock		514	526	12
Purple Volcanics & Clays		526	556	30
Fractured Tools		556	560	4

Washoe County
Permit Number **WL150081**

9. WELL CONSTRUCTION

Depth Drilled **560** Feet Depth Cased **560** Feet

HOLE DIAMETER (BIT SIZE)

From	To
12 5/8 Inches	0 Feet 560 Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"	16.91	.188	+2	440
6 5/8	12.92	.188	438	560

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

From 560 feet to 555 feet
From 515 feet to 495 feet
From 475 feet to 395 feet
From 315 feet to 295 feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	0 to 102	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	102 to 560	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: 1/4 x 1/8			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

Date started: **9/21**, 20 **15**
Date completed: **10/9**, 20 **15**

7. Water Level
Static water level: **142'** 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	50		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 _____
By driller performing actual drilling on site or contractor
Date **11/13/2015**