

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

OFFICE USE ONLY
 Log No. 124180
 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. 74033

1. OWNER **Bob Casey** ADDRESS AT WELL LOCATION **Same**
 MAILING ADDRESS **20 Bear St**
Washoe Valley, NV 89704 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW 1/4 NE 1/4 Sec 31 T 17 N/S R 20 E** Latitude **39.296036** UTM E NAD 27
 PERMIT/WAIVER NO. **050-385-23** Longitude **-119.778843** 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 & Air**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown DG & Sands		0	48	48
Grey DG, Sands & Gravels		48	66	18
Grey Weathered Granite		66	189	123
Hard Granite		189	223	34
Broken Granite	X	223	268	45
Hard Granite		268	300	32

Washoe County
 Permit Number - WL150113

*NAD 27
 39.296126
 119.777825*

9. WELL CONSTRUCTION

Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet to 200 Feet
6 1/8 Inches	200 Feet to 300 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	200
5"	10.79	.188	190	200

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

From	To
220 feet	280 feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Annular Seal: Yes No

Material	From	To	Method
<input checked="" type="checkbox"/> Neat Cement	0	57	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	57	200	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured

Type: **1/4 x 1/8**
 Bentonite Chips: Yes No to _____ Pumped Poured
 Type: _____

Date started: **11/21, 20 15**
 Date completed: **11/25, 20 15**

7. Water Level

Static water level: **42'** 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:	TEST METHOD:	
	G.P.M.	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	Draw Down (Feet Below Static)	
Air	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 **1790**

Signed *Franck*
 By driller performing actual drilling on site or contractor
 Date **11/27/2015**

Replacing well log 11966

