

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

OFFICE USE ONLY
 Log No. 124182
 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. 74027

1. OWNER **George Benesch** ADDRESS AT WELL LOCATION **Same**
 MAILING ADDRESS **3600 Lamay Ln**
Reno NV 89511 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW 1/4 SW 1/4 Sec 12 T 18 N/S R 19 E** Latitude **39.435698** UTM E NAD 27
 PERMIT/WAIVER NO. **230-091-2120** Longitude **-119.803509** 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 | Thickness |
|--------------------------------|--------------|------|-----|-----------|
| Sand, Gravel & Cobbles | | 0 | 80 | 80 |
| Brown Clay Grey Volcanic Rock | | 80 | 172 | 92 |
| Grey Clay Volcanic Rock | | 172 | 188 | 16 |
| Clays, Sands, Rock & Gravels | | 188 | 200 | 12 |
| Grey Clay | | 200 | 203 | 3 |
| Grey Clay, Sand, Small Gravels | | 203 | 205 | 2 |
| Grey Clay, Grey Volcanic Rock | | 205 | 260 | 55 |
| Grevelly Grey Clay | | 260 | 290 | 30 |
| Grey Clay | | 290 | 295 | 5 |
| Reddish Brown Clay | | 295 | 325 | 30 |
| Grey Clay | | 325 | 350 | 25 |
| Grey Clay, Volcanics, Sands | x | 350 | 373 | 23 |
| Broken Grey Volcanics | x | 373 | 388 | 15 |
| Grey Clays | | 388 | 400 | 12 |
| Grey Clay, Coarse Sands | x | 400 | 415 | 15 |
| Grey Clay | | 415 | 425 | 10 |
| Grey Volcanics | x | 425 | 430 | 5 |
| Fractured Grey Volcanics, Clay | x | 430 | 480 | 50 |
| Fractured Grey Volcanics | x | 480 | 490 | 10 |
| Grey Volcanics | | 490 | 545 | 55 |
| Grey Clays | | 545 | 560 | 15 |
| Grey Volcanics | | 560 | 607 | 47 |
| Fracture | x | 607 | 609 | 2 |
| Fractured Volcanics | x | 609 | 621 | 12 |
| Hard Grey Volcanics | | 621 | 672 | 51 |
| Grey Volcanic & Clay Mix | | 672 | 700 | 28 |

9. WELL CONSTRUCTION

Depth Drilled 700 ~~560~~ Feet Depth Cased 700 ~~560~~ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches 0 Feet 700 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>12.92</u> | <u>.188</u> | <u>+2</u> | <u>700</u> |

Perforations:

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

From _____ to _____ feet
 From _____ 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 108 to 700 Pumped Poured
 Type: **1/4 x 1/8**

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

WC Permit # **150103**

Date started: **10/24, 20 15**
 Date completed: **11/2, 20 15**

7. Water Level

Static water level: **170** 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: | <input type="checkbox"/> Bailer | <input checked="" type="checkbox"/> Pump | <input type="checkbox"/> Air Lift |
|--------------|---------------------------------|--|-----------------------------------|
| | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
| Pump | 14 | 200 | 4 |
| | | <u>NAD 27</u> | |
| | | <u>39.435698</u> | |
| | | <u>119.802486</u> | |

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 **1796**

Signed _____
 By driller performing actual drilling on site or contractor

Date **11/19/2015**

Replacing well log 93394