

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

OFFICE USE ONLY
 Log No. 124536
 Permit No. _____
 Basin 089
 NOTICE OF INTENT NO. 73061

PRINT OR TYPE ONLY

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

1. OWNER **Brian Ellison** ADDRESS AT WELL LOCATION **45 Lonesome Polecat**
 MAILING ADDRESS **45 Lonesome Polecat** **Washoe Valley NV 89704**
 Washoe Valley NV 89704 Subdivision Name: _____ County: **Lyon Washoe**

2. LOCATION **NW 1/4 SE 1/4 Sec 26 T16N / R19E** Latitude **39.219981** UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ Parcel No. **055-310-11** Longitude **-119.813716** 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 & Air**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown Sand DG		0	60	60
Brown Sand DG & Brown Clay		60	70	10
Broken Red Brown Volcanics		70	75	5
Weathered Red & Volcanics		75	140	65
Brown Clay		140	146	6
Red Brown Altered Volcanics		146	217	71
Brown Clay		217	245	28
Broken Grey & Red Volcanics	x	245	300	55
Broken Grey Volcanic & Clay	x	300	328	28
Broken Grey Brown Volcanics	x	328	345	17
Volcanics Grey Green Clay		345	370	25
Granite		370	380	10
Fractured Granite & Water	x	380	480	100

Washoe County Permit # **WL150034**

NAD 27
39.220071°N
119.812699°W

Date started: **6-15, 20 15**
 Date completed: **6-19, 20 15**

9. WELL CONSTRUCTION

Depth Drilled **480** Feet Depth Cased **480** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	2 Feet 380 Feet
6 1/8 Inches	380 Feet 480 Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	380
5"	10.79	.188	360	480

Perforations:
 Type of perforation **Factory**
 Size of perforation **.060 double row**

From	To
6"x280	340 feet
5"x400	440 feet
5"x460	480 feet
_____	_____ feet
_____	_____ feet

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 380 Pumped Poured
 Type: **1/4 x 1/8**

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

7. Water Level

Static water level: **70** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **56** °F
 Quality: **not tested**

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump Draw Down	<input checked="" type="checkbox"/> Air Lift
G.P.M.	(Feet Below Static)		Time (Hours)
Air	50		2

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 *Frank MacKay*
 By driller performing actual drilling on site or contractor

Date **6-26-15**