WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 49787
Permit No.
Basin 087

NOTICE OF INTENT NO. 29018

1. OWNER Larry Barnes
MAILING ADDRESS 15640 Fawn Lane
Reno, NV 89511

ADDRESS AT WELL LOCATION same

2. LOCATION NW ¼ SW ¼ Sec. 36 T 18N N/S R 19 E Washoe County
PERMIT NO. (Issued by Water Resources) 049-132-03 (Parcel No.) Subdivision Name

3. WORK PERFORMED
☐ New Well ☐ Replace ☒ Recondition
☐ Deepen ☐ Abandon ☐ Other

4. PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Test
☐ Municipal/Industrial ☐ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
On this date we perforated the well using a mills knife perforator and did so at approximately 1-2' intervals with 4-5 perforations at each level from 105' to 189'. The well was tested after the perforating and had only increased about 1 gpm from 5 to 6 gpm.				

Date started 10-12, 19 95
Date completed 10-12, 19 95

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☒ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
6	61	1

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)
From To
____ Inches ____ Feet ____ Feet
____ Inches ____ Feet ____ Feet
____ Inches ____ Feet ____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 107 feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature cold °F Quality not tested

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name MacKay Pump & Geothermal, 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 1719

Signed R. Bruce MacKay
By driller performing actual drilling on site or contractor

Date 10-20-'95

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627