

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

office use only
Log No. 29225
Permit No. 84
Basin 84

NOTICE OF INTENT NO **38306**

1. OWNER **Ben Galletti**
MAILING ADDRESS **1738 1/2 1ST Sparks, NV**

ADDRESS AT WELL LOCATION

Grass Valley Rd

Reno, NV

2. Location **NW 1/4 SW 1/4 Sec 33 T 23N R 21E**
PERMIT NO. _____ PARCEL NO. **77-350-09**

Washoe County

SUBDIVISION NAME _____

3. WORK PERFORMED			4. PROPOSED USE			5. WELL TYPE		
<input checked="" type="checkbox"/> New Well	Replace	Recondition	<input checked="" type="checkbox"/> Domestic	Irrigation	Test	Cable	<input checked="" type="checkbox"/> Rotary	RVC
Deepen	Abandon	Other	Municipal/Industrial	Monitor	Stock	Air	Other	<input checked="" type="checkbox"/> Mud

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Red yellow white brown vol sands & gravels with red clay.		0	42	42
Red yellow green purple white vol sands & gravels.	260	42	320	278

8. WELL CONSTRUCTION				
Depth Drilled	320 feet		Depth Cased	320 feet
HOLE DIAMETER (BIT SIZE)				
	From	To		
10 5/8 inches	0 feet	65 feet		
8 3/4 inches	65 feet	320 feet		
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.94	188	+1 1/2	320
Perforations::				
Type Perforation	Factory			
Size perforation	1/8 x 3			
From 320 feet to 300 feet				
From 280 feet to 260 feet				
From _____ feet to _____ feet				
From _____ feet to _____ feet				
From _____ feet to _____ feet				
From _____ feet to _____ feet				
Surface Seal	<input checked="" type="checkbox"/> YES	No	Seal Type:	
Depth of Seal	65 feet		Neat Cement	
			Pumped	
			<input checked="" type="checkbox"/> Poured	
			Cement Grout	
			<input checked="" type="checkbox"/> Concrete Grout	
Gravel Packed:	<input checked="" type="checkbox"/> Yes	No		
From 65 feet to 320 feet				

77-350-09
 99 JUL 15 AM 10:03
 STATE ENGINEERING SERVICE

9. WATER LEVEL
 Static water level **138** feet below land surface
 Artesian flow **0** GPM **0** P.S.I.
 Water Temperature **cold** Degrees F Quality _____

Date started **7-7 -98**
 Date completed **7-11 -98**

7. WELL TEST DATA				
TEST METHOD:	Bailer	Pump	x	Air Lift
G.P.M.	Draw Down (Feet Below Static)		Time (hours)	
20	112		2 1/2	
23	162		1	
25	182		1	

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

Name **McKay Drilling, Inc.**
2290 Pioneer Drive
Reno, NV 89509
 NV Contractors No. **14170**
 NV Driller's Lic (on site) **1511**

Signed *Steve McKay*
 By driller performing actual drilling on site or contractor
 Date **7-14-98**