

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

OFFICE USE ONLY

Log No. 105229  
 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. **60495**

1. OWNER **Alfred Halprine**  
 MAILING ADDRESS **12350 Westridge Dr. Reno NV. 89511**  
 ADDRESS AT WELL LOCATION **1990 State Rt. 341 Reno**  
 Subdivision Name: \_\_\_\_\_ County: **Washoe**

2. LOCATION **NW 1/4 NE 1/4 Sec 35 T18N R20E**  
 PERMIT/WAIVER NO. \_\_\_\_\_ **016-881-02**  
 Issued by Water Resources Parcel No. \_\_\_\_\_  
 Latitude **39.38591** UTM E \_\_\_\_\_  NAD 27  
 Longitude **119.70496** 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 \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown sandy clay		0	26	26
Rusty brown sandy clay		26	61	35
Gray sandy clay		61	71	10
Gray volcanic rock		71	166	95
Soft zone	x	166	167	1
Gray volcanic rock		167	217	50
Soft zone		217	218	1
Gray volcanic rock		218	270	52
Fracture rock	x	270	285	15
Gray volcanic rock		285	290	5

9. WELL CONSTRUCTION

Depth Drilled **290** Feet Depth Cased **290** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>10 5/8</b> Inches	<b>0</b> Feet <b>100</b> Feet
<b>8 5/8</b> Inches	<b>100</b> Feet <b>290</b> Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.92</b>	<b>.188</b>	<b>+2</b>	<b>290</b>

Date started: **11/12, 20 07**  
 Date completed: **11/15, 20 07**

Perforations:  
 Type of perforation **Machine cut**  
 Size of perforation **3/32**

From	To
<b>250</b> feet to	<b>290</b> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal:  Yes  No

Material	Quantity	Method
<input checked="" type="checkbox"/> Neat Cement	<b>0</b> to <b>100</b>	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>100</b> to <b>290</b>	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: <b>1/4x1/8</b>		
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____		

7. Water Level

Static water level: **135** feet below land surface  
 Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water Temperature: **Cool** °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 **Bruce MacKay Pump & Well Service, Inc.**  
 (CONTRACTOR)

8. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<b>60+</b>	<b>31.5</b>	<b>3</b>
<b>60</b>	<b>31.5</b>	<b>3</b>
<b>60</b>	<b>31.5</b>	<b>3</b>

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 **923**

Signed **R. Bruce MacKay**  
 By driller performing actual drilling on site or contractor  
 Date **11/16/07**