

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

OFFICE USE ONLY  
 Log No. 106656  
 Permit No. \_\_\_\_\_  
 Basin 88

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. 62787

1. OWNER **Ben Soloman**  
 MAILING ADDRESS **P.O. Box 3303**  
**Incline Village NV. 89450**  
 ADDRESS AT WELL LOCATION **20178 Hibbett Tr.**  
**Reno NV 89334706 W 119.861278 NAD27**  
 Subdivision Name: \_\_\_\_\_ County: **Washoe**

2. LOCATION **SW¼SW¼ Sec16T17N/ R19E**  
 PERMIT/WAIVER NO. **R-589** Parcel No. **48-062-07**  
 Issued by Water Resources  
 Latitude **39.33461** UTM E  NAD 27  
 Longitude **119.86230** 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**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
D.G. some boulders		0	59	59
Soft zone	x	59	61	2
D.G. boulders		61	73	12
Soft zone	x	73	74	1
Gray granite		74	83	9
Weatherd granite		83	94	11
Weatherd hard granite		94	97	3
Soft granite		97	141	44
Weatherd green granite		141	160	19
Gray granite		160	181	21
Soft granite some clay		181	190	9
Weatherd granite		190	294	104
Fracture	x	294	295	1
Weatherd granite		295	345	50
Soft zone	x	345	346	1
Weatherd granite		346	400	54

9. WELL CONSTRUCTION  
 Depth Drilled **400** Feet Depth Cased **400** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
**12 1/4** Inches **0** Feet **94** Feet  
**8** Inches **94** Feet **400** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16	.188	0	94
6 5/8	12.92	.188	75	400

Perforations:  
 Type of perforation **Machine cut**  
 Size of perforation **3/32 x 3**  
 From **295** feet to **315** feet  
 From **355** feet to **395** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Annular Seal:  Yes  No  
 Neat Cement 0 to 94  Pumped  Poured  
 Cement Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Concrete Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 ≥30% Bentonite Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Gravel Pack:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Type: \_\_\_\_\_  
 Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Type: \_\_\_\_\_

7. Water Level  
 Static water level: **71** feet below land surface  
 Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water Temperature: **Cool** °F  
 Quality: **Not tested**

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<b>12</b>		<b>3</b>

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 **923**  
 Signed R. Bruce Mackay  
 By driller performing actual drilling on site or contractor  
 Date **8/19/08**