

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

OFFICE USE ONLY

Log No. 107031
 Permit No. _____
 Basin Ø.91

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. 61978

1. OWNER Mike & April Clark
 MAILING ADDRESS 321 Broadway
NE Reno NV. 89502

ADDRESS AT WELL LOCATION 555 Levetina Cayon Rd.
Reno

2. LOCATION SE 1/4 NW 1/4 Sec 22 T19 N1 E
 PERMIT/WAIVER NO. 18 038-560-22
Issued by Water Resources Parcel No. _____

Subdivision Name: _____ County: Washoe
 Latitude 39.50195 UTM E _____ NAD 27
 Longitude 119.949773 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 clay with boulders		0	3	3
Sandy clay		3	18	15
Brown sandy clay		18	98	80
Soft zone	x	98	99	1
Gray sandy clay		99	110	11
Soft zone	x	110	111	1
Gray sandy clay		111	119	8
Gray volcanic rock		119	127	8
Soft zone	x	127	128	1
Gray volcanic rock		128	151	23
Fracture		151	165	14
Gray volcanic rock		165	180	15
Soft zone clay		180	181	1
Black volcanic rock		181	220	39
Fracture	x	220	221	1
Black volcanic rock		221	247	26

Washoe Permit WL 080061

N39.502040
W 119.949773 NAD27

9. WELL CONSTRUCTION
 Depth Drilled 247 Feet Depth Cased 247 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches 0 Feet 100 Feet
8 7/8 Inches 100 Feet 247 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>+2</u>	<u>247</u>

Perforations:
 Type of perforation Machine cut
 Size of perforation 3/32 x 3
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 100 to 247 Pumped Poured
 Type: 1/8 x 1/4
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: 6/26, 20 08
 Date completed: 7/2, 20 08

7. Water Level
 Static water level: 69 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
Draw Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.P.M. (Feet Below Static)	<u>35</u>		
Time (Hours)			<u>3</u>

RECEIVED
 JUL 25 AM 11:17
 STATE ENGINEERS DEPT

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 7/3/08