

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

OFFICE USE ONLY **107792**

Log No. _____
 Permit No. _____
 Basin **Ø89**

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. **63593**

1. OWNER **Ruth Stephen** ADDRESS AT WELL LOCATION **4255 Partridge Ln.**
 MAILING ADDRESS **804 Sherwood Oaks Cove** **New Washoe City**
NE NW Jonesboro AR. 72404 **Subdivision Name:** _____ **County: Washoe**

2. LOCATION **NW 1/4 Sec 5 T16N R20E** Latitude **39.28553** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **050-431-02** Longitude **119.76132** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No.

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
Sand gravel		145	152	7
Gray sandy clay some gravel		152	190	38
Soft zone	x	190	192	2
Brown sandy clay gravel		192	214	22
Soft zone	x	214	236	22
Brown sandy clay		236	244	8
Weatherd granite		244	252	8

Washoe Permit WL080117

N 39.285619
 W 119.760303 NAD 27

Deepening of log # 19360

9. WELL CONSTRUCTION

Depth Drilled **252** Feet Depth Cased **252** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	145 Feet 252 Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	132	252

Perforations:

Type of perforation **Fatory**

Size of perforation **3/32 x 3**

From	To
207 feet to 247 feet	
_____ feet to _____ feet	
_____ feet to _____ feet	
_____ 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 _____ to _____ Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: **10/20/08**, 20
 Date completed: **10/21/08**, 20

7. Water Level

Static water level: **113** 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:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
20 G.P.M.	315	3
68 MIN	31 MIN	

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 **10/28/08**