

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

OFFICE USE ONLY

108829

Log No. _____
Permit No. _____
Basin 889

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. 64815

1. OWNER **Russell & Dawn McCubbin**
MAILING ADDRESS **2205 Buckskin Dr.**

ADDRESS AT WELL LOCATION **2205 Buckskin Dr.**
Washoe Valley, NV, 89704

Washoe Valley, NV, 89704

Subdivision Name: **New Washoe**
City, Sub # **3** County: **Washoe**

2. LOCATION **NE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec31T17N/ R20E**

Latitude **39.30034** UTM E NAD 27

PERMIT/WAIVER NO. **50-363-13**

Longitude **119.77426** 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
Fill Fine Rusty Sand		130	137	7
Weatherd Granite		137	142	5
Fracture, No Water		142	143	1
Weatherd Granite		143	182	39
Soft Zone	x	182	193	11
Weatherd Granite		193	257	64
Fracture	x	257	258	1
Weatherd Granite		258	277	19

Washoe County Permit # **WL090085**

39.300429°N
119.773242°W NAD 27 (10)

RECEIVED
2009 SEP 28 AM 11:56
STATE ENGINEERS OFFICE

Date started: **9-21, 20 09**
Date completed: **9-22, 20 09**

7. Water Level
Static water level: **106** 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:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
17		3	

9. WELL CONSTRUCTION

Depth Drilled **277** Feet Depth Cased **277** Feet

HOLE DIAMETER (BIT SIZE)
From _____ To _____
6 1/8 Inches **137** Feet **277** 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	117	277

Perforations:
Type of perforation **Factory**
Size of perforation **3/32 x 3**
From **277** feet to **257** feet
From **237** feet to **217** 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 _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

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 **9-23-09**