

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

OFFICE USE ONLY
 Log No. 110432
 Permit No. _____
 Basin 087

FINALIZED *NW*

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. 64828

1. OWNER **Narayana & Judy Rangesan** ADDRESS AT WELL LOCATION **11100 Caribou Rd.**
 MAILING ADDRESS **11100 Caribou Rd.** **Reno, NV 89511**
Reno, NV 89511 **Subdivision Name:** _____ **County:** **Washoe**

2. LOCATION **NE 1/4 NE 1/4 Sec 18 T18N R20E** Latitude **39.43000** UTM E NAD 27
 PERMIT/WAIVER NO. **009-010** **044-030-26** Longitude **119.77313** 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 **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand & Gravel, Small cobbles		0	40	40
Sand & Gravel, Brown Clay		40	60	20
Sandy Brown Clay		60	110	50
Cobbles, Sand, Gravel	X	110	120	10
Small Gravel, Course Sand	X	120	160	40
Sandy Brown Clay		160	180	20
Sand, Small Gravel	X	180	200	20
Sandy Clay		200	220	20
Coarse Sand, Gravel, Fine Sand		220	240	20
Sand, Brown Clay		240	280	40
Coarse Sand, Gravel	X	280	300	20

Washoe County Permit # **WL090132**

GPS - NAD-27
39.430089° N
119.772109° W

9. WELL CONSTRUCTION

Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet 300 Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	300

Perforations:

Type of perforation **Factory**

Size of perforation **3/32 X 3**

From	To
140 feet to	160 feet
180 feet to	200 feet
280 feet to	300 feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	4 to 100	<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	300 to 100	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: 1/4 x 1/8			
Bentonite Chips: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

Date started: **02/19**, 20 **10**
 Date completed: **02/24**, 20 **10**

7. Water Level

Static water level: **83** 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	140	3

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RECEIVED

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** **23096**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1790**

Signed *R. Bruce MacKay*
 By driller performing actual drilling on site or contractor

Date **02/25/10**