

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

OFFICE USE ONLY
 Log No. 110434
 Permit No. _____
 Basin 088

FINALIZED *MM*
 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. 65427

1. OWNER **Diana Lucree** ADDRESS AT WELL LOCATION **5425 Mountain Meadows Ln. Reno, NV 89511**
 MAILING ADDRESS **5425 Mountain Meadows Ln. Reno, NV 89511** **Subdivision Name: Galena Ter.#1 County: Washoe**

2. LOCATION **SW¼NW¼ Sec2T17N/ R19E** Latitude **39.36839** UTM E NAD 27
 PERMIT/WAIVER NO. **DDM10-003** **45-536-14** Longitude **119.82587** 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	Thick-ness
Sand & Gravel Fill		99	120	21
Multi-Colored Vol. gravel w/clay		120	163	43
Soft Zone	X	163	171	8
Multi-colored Vol. gravel w/clay		171	203	32
Soft Zone	X	203	209	6
Multi-colored Vol. gravel & sand		209	219	10
Soft Zone	X	219	232	13
Multi-Colored Volcanic		232	251	19
Soft Zone	X	251	264	13
Sandy Clays		264	290	26

Washoe County Permit # WL100008
 NAD-27 GPS
 39.368480°N
 119.824848°W
 Deepening of well log 15885.

7. Water Level
 Static water level: **96'** 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		
2014 MAR 22 PM 3:18	20 FT	3

9. WELL CONSTRUCTION
 Depth Drilled **290** Feet Depth Cased **290** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	99 Feet to 290 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	110	290

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 X 3**
 From **230** feet to **270** 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 Reno, NV 89511**
 (CONTRACTOR)
 Nevada contractor's license number issued by the State Contractor's Board **23095** **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 **03/17/10**