

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

OFFICE USE ONLY

Log No. 11286  
 Permit No. \_\_\_\_\_  
 Basin 039

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. 65438

1. OWNER **William & Kristi Pattison**  
 MAILING ADDRESS **7605 S. Old Hwy 395**  
**Washoe Valley, NV 89704**

ADDRESS AT WELL LOCATION **7605 S Old Hwy 395**  
**Washoe Valley, NV 89704**  
 Subdivision Name: \_\_\_\_\_ County: **Washoe**

2. LOCATION **SE 1/4 NE 1/4 Sec 26 T16N R19E**  
 PERMIT/WAIVER NO. \_\_\_\_\_  
 Issued by Water Resources Parcel No. **055-310-29**

Latitude **39.22614** UTM E \_\_\_\_\_  NAD 27  
 Longitude **119.81260** 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
Gray to Green Granite, Broken		200	263	63
Fracture	X	263	265	2
Dark Gray Volcanic Rock		265	285	20
Fracture		285	286	1
Dark Gray Volcanic		286	293	7
Gray Clays		293	302	9
Multi Colored Volcanic Rock		302	356	54
Fracture	X	356	357	1
Weathered Granite, Soft	X	357	390	33

Washoe County Permit # **WL090131**

*deepens well log # 93948*

2010 JUN 30 11:10:55 AM  
 STATE OF NEVADA  
 DIVISION OF WATER RESOURCES

*39.226 230° N MAP 27 D.O.  
 119.811, 583° W*

9. WELL CONSTRUCTION

Depth Drilled **390** Feet Depth Cased **390** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 inches	200 Feet to 390 Feet
_____ inches	_____ Feet to _____ Feet
_____ inches	_____ Feet to _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	190	390

Perforations:

Type of perforation **Factory**

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

From	To
350 feet to	390 feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal:  Yes  No

<input type="checkbox"/> Neat Cement	_____ to _____	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			
Bentonite Chips: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

Date started: **06-07 20 10**  
 Date completed: **06-08 20 10**

7. Water Level

Static water level: **0** 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:	Bailer	Pump	Air Lift
G.P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Draw Down (Feet Below Static)			
Time (Hours)			
<b>30</b>			<b>3</b>

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 **23095**

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 **06-09-10**

MH-F