

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

OFFICE USE ONLY  
 Log No. 111288  
 Permit No. \_\_\_\_\_  
 Basin 089

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. **65443**

1. OWNER **David LeBlanc**  
 MAILING ADDRESS **805 Old Ophir Rd. Carson City, NV 89704**  
 ADDRESS AT WELL LOCATION **805 Old Ophir Rd Carson City, NV 89704**  
 Subdivision Name: **Washoe Terrace** County: **Washoe**

2. LOCATION **SE 1/4 SE 1/4 Sec 23 T17N R19E**  
 PERMIT/WAIVER NO. **050-233-10**  
Issued by Water Resources Parcel No.  
 Latitude **39.31780** UTM E  NAD 27  
 Longitude **119.81053** 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 **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Clay and Sand		0	15	15
Gray Sand, Some Gray Clay		15	45	30
Brown Coarse Sand		45	60	15
Gray Clay, Sand		60	75	15
Gray Clay, Small Gravel		75	95	20
Gray Clay, Coarse Sand		95	125	30
Coarse Sand, Small Gravel, DG	X	125	135	10
Gray Clay		135	145	10
Gray Clay & Sand		145	155	10
Coarse Sand & Gravel	X	155	197	42

Washoe County Permit # **WL100027**

This well has centralizers and a pvc bottom cap.

replacing well (log #92034)

39.317890°N NAD 27 D.D.  
 119.809, 510°W

Date started: **6/17, 20 10**  
 Date completed: **6/21, 20 10**

9. WELL CONSTRUCTION

Depth Drilled **197** Feet Depth Cased **197** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>12 1/4</b> Inches	<b>0</b> Feet <b>197</b> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.92</b>	<b>.188</b>	<b>+2</b>	<b>197</b>

Perforations:

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

From	To
<b>157</b> feet	<b>197</b> feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Annular Seal:  Yes  No

<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<b>2</b> to <b>50</b>	<input checked="" 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	<b>197</b> to <b>50</b>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: <b>1/4 x 1/8</b>			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

7. Water Level

Static water level: **3'** 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
<b>100+</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 **1790**

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

Date **6/21/10**

MMH (F)