

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

OFFICE USE ONLY
Log No. 111357
Permit No. _____
Basin 092B

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. 65439 (1)

1. OWNER **Pamela Altringer** ADDRESS AT WELL LOCATION **11080 Deodar Wy**
MAILING ADDRESS **11080 Deodar Wy** **Reno, NV 89506**
Reno, NV 89506 **Subdivision Name: Heppner 2** **County: Washoe**

2. LOCATION SW SE 1/4 Sec 23 T21N R19E Latitude **39.66636** UTM E NAD 27
PERMIT/WAIVER NO. **DOM10-008** **080-274-02** Longitude **119.81477** 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	Thickness
Casing Flakes		120	130	10
Granite, Coarse sand, clay streak	X	130	170	40
Weathered Granite (soft)		170	201	31
Fracture		201	202	1
Weathered Granite		202	214	12
Hard Granite		214	217	3
Weathered Granite, w/clay streak		217	237	20
Hard Granite		237	243	6
Soft weathered granite, clay streak		243	279	36
Fracture	X	279	288	9
Gray Granite		288	293	5
Gray Clays		293	297	4
Gray Granite		297	310	13

*39.66636, 451°N NAD27 D.I.D.
119.813, 745°W*

Washoe County Permit # **WL100023**

deepening well log # 22977

Date started: **6/9, 20 10**
Date completed: **6/12, 20 10**

9. WELL CONSTRUCTION

Depth Drilled **310** Feet Depth Cased **310** Feet

HOLE DIAMETER (BIT SIZE)

From	To
5 5/8 Inches	120 Feet 310 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	310

Perforations:

Type of perforation **Factory**

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

From **310** feet to **290** feet
From **230** feet to **210** feet
From **170** feet to **150** feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement *2x13x5* 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: _____

7. Water Level

Static water level: **102** 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"/>
7-9			3
Draw Down (Feet Below Static)			
Time (Hours)			

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 **6-12-10**