

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

OFFICE USE ONLY
 Log No. 111469
 Permit No. _____
 Basin φ89

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. 65445 ①

1. OWNER **Susane Petzing** ADDRESS AT WELL LOCATION **4240 Eastlake Blvd.**
 MAILING ADDRESS **4240 Eastlake Blvd.** **Carson City Nv 89704**
NW Carson City NV 89704 **Subdivision Name: new washoe city 5** **County: Washoe**

2. LOCATION **SW 1/4 NE 1/4 Sec 5 T16N R20E** Latitude **39.28591** UTM E NAD 27
 PERMIT/WAIVER NO. **050-431-07** Longitude **119.75983** 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 Monitor Stock Municipal/Industrial
 5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand & Clay		108	165	57
Weatherd Granit	x	165	185	20
Weatherd Granit, Brown Clay		185	205	20
Weatherd Granit		205	240	35
Broken Granit	x	240	280	40
Granite		280	300	20
		300		-300

Washoe County Permit # **WL100030**

** Original log unknown*

39.285999° N NAD27 D.D.
 119.758813° W

9. WELL CONSTRUCTION
 Depth Drilled **108** Feet Depth Cased **300** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches **108** 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)
5	10.79	.188	100	300

Perforations:
 Type of perforation **factory**
 Size of perforation **3/32 X 3"**
 From **240** feet to **280** 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: _____

Date started: **7/20, 20 10**
 Date completed: **7/21, 20 10**

7. Water Level
 Static water level: **105** 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 <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input checked="" type="checkbox"/>		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Air	50		3
Pump	25	0	1.5

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 **1790**
 Signed *R. Bruce MacKay*
 By driller performing actual drilling on site or contractor
 Date **7/26/10**