

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

OFFICE USE ONLY
 Log No. 111684
 Permit No. _____
 Basin 483

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. **64810**

1. OWNER **Steve & Kaylene Milstein** ADDRESS AT WELL LOCATION **1740 Combination Rd**
 MAILING ADDRESS **P.O. Box 857** **VCH**
NW Virginia City 89440 **Reno, NV 89511**
 Subdivision Name: _____ County: **Storey**

2. LOCATION **NE 1/4 SE 1/4 Sec 30T18N/ R21E** Latitude **39.39425** UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ Longitude **119.66280** 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
Fill		163	165	2
Gray Volcanic Rock		165	169	4
Soft Zone	x	169	171	2
Gray Volcanic Rock		171	189	18
Black Sandy Clays		189	191	2
Gray Volcanic w/Clay Steaks		191	215	24
Black Volcanic Rock		215	222	7
Gray Volcanic Rock		222	259	37
Black Volcanic rock		259	281	22
Gray to Green Volcanic Rock HARD		281	302	21

deepens well log # 67870

39.394338°N NAD 27 D.D.
119.661785°W -GPS-

Date started: **8-26, 20 09**
 Date completed: **8-27, 20 09**

9. WELL CONSTRUCTION

Depth Drilled **302** Feet Depth Cased **302** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	163 Feet 302 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	154	302

Perforations:

Type of perforation **Factory**

Size of perforation **3/32x3**

From	To
302 feet to	282 feet
182 feet to	162 feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ 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: _____

7. Water Level

Static water level: **85** feet below land surface

Artesian Flow: _____ G.P.M. **18** P.S.I

Water Temperature: **Cool** °F

Quality: **Not Tested**

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	18	95	3

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 **08-27-09**