

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

OFFICE USE ONLY
 Log No. 114230
 Permit No. 68243
 Basin 102

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. 67181

1. OWNER Nevada State Parks, Buckland Station ADDRESS AT WELL LOCATION 10,500 Alt 95
 MAILING ADDRESS 16799 Lahonton Dam Rd. By the carson River
NE Fallon, NV 89406 Subdivision Name: _____ County: Lyon

2. LOCATION SE 1/4 SE 1/4 Sec 26 T17N R24E Latitude N39.29433 UTM E NAD 27
 PERMIT/WAIVER NO. Sec 35 68243 Longitude W119.25072 N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Recreation Domestic
 Municipal/Industrial
 Irrigation Test
 Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil		0	1	1
Silty Clays		1	12	11
Sand & Gravel w/clay streaks		12	47	35
Boulders & Gravel		47	112	65
Silty Brown Clays		112	131	19
Sand & Gravels	X	131	171	40
Boulder		171	172	1

9. WELL CONSTRUCTION

Depth Drilled 172 Feet Depth Cased 172 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 3/4</u> Inches	<u>0</u> Feet <u>100</u> Feet
<u>9 7/8</u> Inches	<u>100</u> Feet <u>172</u> Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet) +3	To (Feet)
<u>6"</u>	<u>12.92</u>	<u>.188</u>	<u>+3</u>	<u>172</u>

Perforations:

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

From	To
<u>132</u> feet to <u>172</u> feet	
_____ feet to _____ feet	
_____ feet to _____ feet	
_____ feet to _____ feet	

Annular Seal: Yes No

Material	From	To	Method
<input type="checkbox"/> Neat Cement	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u>	<u>100</u>	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>100</u>	<u>172</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: <u>1/4 x 1/8</u>			
Bentonite Chips: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____			

Date started: 7-20, 20 11
 Date completed: 7-21, 20 11

7. Water Level

Static water level: 21 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>50+</u>		<u>3</u>

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 07-26-11

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 2011 AUG -2 AM 11:27
 STATE ENGINEERS OFFICE