

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

OFFICE USE ONLY
 Log No. 116641
 Permit No. _____
 Basin 087

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. **68961**

1. OWNER **Bill Conley** ADDRESS AT WELL LOCATION **Same**
 MAILING ADDRESS **9128 Western Skies**
Reno NV 89521 Subdivision Name: _____ County: **Washoe**

2. LOCATION **NW¼NW¼ Sec 23 T 18N / R 20 E** Latitude **39.415354** UTM E NAD 27
 PERMIT/WAIVER NO. **Dom 13-06** **016-370-43** Longitude **-119.710770** 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	Thick-ness
Brown Cemented Sands & Boulders		0	16	16
Gray & Black Volcanic Rock		16	49	33
Brown Sandy Clays		49	82	33
Red Clay		82	89	7
Gray & Black Volcanic Rock		89	103	14
Reddish Brown Clay		103	120	17
Soft Zone		120	121	1
Brown Volcanic Rock		121	134	13
?? - No Returns		134	183	49
Volcanic Rock		183	187	4
Clay		187	189	2
Volcanic Rock		189	215	26
Fracture		215	217	2
Volcanic Rock		217	250	33
<i>Replaces original unknown well log original plugged by Met 64962 well log # 116703</i>				
Washoe County Permit # WL130011				
<i>NAD 27 39.415442 N 119.709752 W</i>				

9. WELL CONSTRUCTION

Depth Drilled **250** Feet Depth Cased **250** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet 50 Feet
8 5/8 Inches	50 Feet 250 Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.94	.188	0	250
_____	_____	_____	_____	_____

Perforations:

Type of perforation **Factory Cut**
 Size of perforation **3/32 x 3" Single Row**

From	To
210 feet to	250 feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

Material	From	To	Method
<input checked="" type="checkbox"/> Neat Cement	0	54	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input 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	54	250	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: 1/4 x 1/8	_____	_____	_____
Bentonite Chips: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____	_____	_____	_____

7. Water Level

Static water level: **171** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **Cold** °F
 Quality: **N/A**

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	15	8	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** (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 **4/8/13**