

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

OFFICE USE ONLY
 Log No. 116682
 Permit No. _____
 Basin 043

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. **69964**

1. OWNER **Animal Ark**
 MAILING ADDRESS **PO Box 60057**
Reno NV 89506

ADDRESS AT WELL LOCATION **Deerlodge Rd**
 Subdivision Name: _____ County: **Washoe**
 Latitude **39.786183** UTM E _____ NAD 27
 Longitude **-119.872000** N _____ NAD 83/WGS 84

2. LOCATION **NW 1/4 SE 1/4 Sec 8 T 22 / R 19 E**
 PERMIT/WAIVER NO. **079-382-53**
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	Thickness
Top Soil		0	1	1
Light Brown Sandy Clay		1	11	10
Green Sandy Clays		11	22	11
Rusty Brown Clays		22	24	2
Gray Sandy Clays		24	96	72
Green Sandy Clays		96	190	94
Gray Hardened Clays		190	506	316
Soft Zone	X	506	519	13
Volcanic Rock		519	565	46
Soft Zone	X	565	566	1
Volcanic Rock		566	590	24
Soft Zone	X	590	593	3
Gray Volcanic Rock		593	600	7

** Chaged by DWR Staff Per Phone Call on 6/3/13*

Washoe County Permit # **WL130020**
NAD 27
39.786183°N
119.876972°W

9. WELL CONSTRUCTION
 Depth Drilled **600** Feet Depth Cased **600** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **55** Feet
8 5/8 Inches **55** Feet **600** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	0	600

Perforations:
 Type of perforation **Factory Cut Double Row**
 Size of perforation **3/32 x 3" - Double Row**
 From **500** feet to **520** feet
 From **540** feet to **560** feet
 From **580** feet to **600** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 55 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No **55** to **600** Pumped Poured
 Type: **1/4 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **April 23rd, 20 13**
 Date completed: **April 25th, 20 13**

7. Water Level
 Static water level: **324** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **Cool** °F
 Quality: **Not Tested**

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)

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)
30+	15:00 to 11:00		10

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 **5-6-12**