

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

OFFICE USE ONLY
Log No. 116907
Permit No. _____
Basin 190 089

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. **67175**

1. OWNER **Julian & Joanna Smith** ADDRESS AT WELL LOCATION **8255 Eastlake Blvd**
MAILING ADDRESS **8255 Eastlake Blvd.** **Washoe Valley, NV 89704**
Washoe Valley, NV 89704 **Washoe Valley, NV 89704** **Washoe Valley, NV 89704**
Subdivision Name: _____ County: **Washoe**

2. LOCATION **SE 1/4 SW 1/4 Sec 25 T16N R19E** Latitude **N39.21628** UTM E _____ NAD 27
PERMIT/WAIVER NO. **055-320-30** Longitude **W119.80213** 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	Thickness
Sand, Silt		0	15	15
Orange Sandy Silt		15	20	5
Grey Sandy Silt		20	40	20
Course Sands & Sand	X	40	65	25
Red Volcanic Rock		65	95	30
Fractured Broken Red Volcanic	X	95	160	65
White, Tan Clay		160	163	3
Harder Weathered Granite		163	180	17

9. WELL CONSTRUCTION

Depth Drilled **180** Feet Depth Cased **180** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 3/4 Inches	0 Feet 100 Feet
9 7/8 Inches	100 Feet 180 Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6"	12.92	.188	+3	180

Washoe County Permit # **WL110025**
Replaces unknown well log Org plugged by well log # 1160208

Perforations:

Type of perforation **Factory**
Size of perforation **3-32 x 4**

From	To
120 feet to	160 feet
_____ feet to	_____ 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	0	100	<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	102	180	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: 1/4 x 1/8			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____			

7. Water Level

Static water level: **47'** 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, Inc.**
(CONTRACTOR)

8. WELL TEST DATA

TEST METHOD:	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			
Air	30+		3
Pump	20	34'	12

Address **1600 Mt. Rose Hwy**
(CONTRACTOR)
Reno, NV 89511

Nevada contractor's license number issued by the State Contractor's Board **23095 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 **06-21-11**

*39. 216370° N NAD27
119. 801113° W*