

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

OFFICE USE ONLY
 Log No. 117847
 Permit No. _____
 Basin 092A

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. 68952 ✓

1. OWNER **Eddie Rhodes**
 MAILING ADDRESS **7507 Vista View Dr. Reno, NV 89510**
 ADDRESS AT WELL LOCATION **1210 Stampede well #3 Reno, NV 89510**
 Subdivision Name: _____ County: **Washoe**
 2. LOCATION **SE 1/4 SW 1/4 Sec 29 T22N R19E**
 Latitude **N39.74003** UTM E NAD 27
 PERMIT/WAIVER NO. **079-410-23** Longitude **W119.87627** N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other **Geo-Loops**
 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		0	3	3
Gray Volcanic Rock, Broken		3	36	33
Brown Clays		36	91	55
Brown Broken Volcanic Rock		91	106	15
Reddish Brown Volcanics		106	153	47
Well # 3				
The well was pressure grouted from the bottom to surface.				
Used 7 bgs of grout & 56 bgs of sand.				

9. WELL CONSTRUCTION
 Depth Drilled **153** Feet Depth Cased **153** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches **0** Feet **153** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
3/4		POLY	+5	153

Perforations:
 Type of perforation **NONE**
 Size of perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout **153** to **0** 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: _____ feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: **not tested**

8. WELL TEST DATA

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

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 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 **3-9-12**

NAD27 39.704122°N, 119.875242°W