

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

OFFICE USE ONLY
 Log No. 118025
 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. **69127** ✓

1. OWNER **Dale Lowery**
 MAILING ADDRESS **Same**

ADDRESS AT WELL LOCATION **12520 Westridge Reno, NV. 89511**
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SE 1/4 SE 1/4 Sec 18 T 18N R 20E**
 Latitude **261193E** UTM E NAD 27
 Longitude **4366895N** N NAD 83/WGS 84

PERMIT/WAIVER NO. **DOM12-03** Parcel No. **162-043-21**
Issued by Water Resources

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	Thick-ness
Sandy Gravel & Brown Clay		200	235	35
Coarse Sand & Small Gravel		235	240	5
Brown Sandy Clay		240	250	10
Sandy Gravel		250	255	5
Brown Sandy Clay		255	265	10
Sandy Gravel & Brown Clay		265	285	20
Brown Sandy Clay		285	295	10
Brown Sandy Clay & Small Gravel		295	320	25
Sand, Gravel & Cobbles		320	335	15
Sandy Brown Clay		335	370	35

9. WELL CONSTRUCTION

Depth Drilled **370** Feet Depth Cased **370** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches **200** Feet **370** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.72	.188	190	370

* Deepans Well Log #14912

Washoe County Permit # **WL120027**

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 2012 AUG -3 AM 11:04
 STATE ENGINEERS OFFICE

Date started: **July 24th**, 20 **12**
 Date completed: **July 25th**, 20 **12**

Perforations:
 Type of perforation **Factory Milled**
 Size of perforation **3/32 x 3"**

From **250** feet to **270** feet
 From **310** feet to **330** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ 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: **174'** 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)

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 **1790**

Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date **7-26-12**

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		3	
39	4204079N	NAD27	
119	774058*W		