

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

OFFICE USE ONLY
 Log No. 119363
 Permit No. _____
 Basin 057

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. 70973

1. OWNER **Bruce & Linda Thee**
 MAILING ADDRESS **1330 Foothill Rd. Reno, NV 89511**
 ADDRESS AT WELL LOCATION **1330 Foothill Rd. Reno, NV 89511**
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW 1/4 NE 1/4 Sec 18 T18N / R20E**
 PERMIT/WAIVER NO. **DOM 13-59** Parcel No. **044-020-19**
 Issued by Water Resources

Latitude **39.429431** UTM E _____ NAD 27
 Longitude **119.780011** N _____ NAD 83/WGS 84

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
Top Soil		0	1	1
Brown Clay w/boulders		1	6	5
Brown Volcanized rock		6	11	5
Multi-colored volcanics		11	36	25
Soft Zone		36	43	7
Brown to gray volcanics		43	81	38
Brown volcanics w/ clay		81	105	24
Multi-colored volcanics w/ clay		105	116	11
Clay Streaks		116	118	2
Multi-colored volcanics		118	149	31
Brown sandy clay		149	157	8
Soft zone		157	169	12
Brown sandy clay		169	178	9
Soft zone		178	184	6
Brown clay		184	196	12
Sandy Gravels w/ clay	X	196	215	19
Frac. Rock		215	220	5
Steel plate on bottom				

*NAD 27
 39.429431° N
 119.780011° W
 Replaces unknown well log*

9. WELL CONSTRUCTION
 Depth Drilled **220** Feet Depth Cased **220** Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches **0** Feet **105** Feet
9 7/8 Inches **105** Feet **220** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	220

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x double row**
 From **180** feet to **220** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 105 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No **105** to **220** Pumped Poured
 Type: **1/4 x 3/8"**

Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **8-27**, 20 **13**
 Date completed: **8-29**, 20 **13**

7. Water Level
 Static water level: **113** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cold** °F
 Quality: **Not tested**

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 type="checkbox"/> Air Lift	25		3
air			

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 **923**

Signed *R Bruce MacKay*
 By driller performing actual drilling on site or contractor
 Date **9-10-'13**