

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

OFFICE USE ONLY
 Log No. 120576
 Permit No. _____
 Basin 105

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. 71840

1. OWNER **Town of Minden** ADDRESS AT WELL LOCATION **1800 Heybourne Rd**
 MAILING ADDRESS **1604 Esmeralda Ave** **Minden NV 89423**
Minden NV 89423 **Subdivision Name:** _____ **County: Douglas**

2. LOCATION **SE 1/4 SW 1/4 Sec 20 T 13N / R 20E** Latitude **38.969100** UTM E NAD 27
 PERMIT/WAIVER NO. **83611-T** **1320-20-000-019** Longitude **119.761690** 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	Thick-ness
Top Soil		0	1	1
Brown Clays		1	5	4
Sands, Gravels & Boulders		5	33	28
Brown Silts		33	46	13
Gravels, Boulders & Volcanics		46	74	28
Brown Sandy Clay		74	106	32
Boulders, Gravels & Clay		106	126	20
Sands & Small Gravels		126	144	18
Sand, Gravel & Clay Streaks		144	149	5
Brown Clay		149	156	7
Sand, Gravel & Some Boulders		156	205	49
Sandy Brown Clays		205	210	5
Sands & Gravels		210	224	14
Brown Sandy Clay		224	256	32
Gray Sandy Clay		256	257	1
Brown Clays, Gravel & Sands		257	283	26
Sands & Gravels		283	286	3
Brown Clays		286	292	6
Sands & Gravel		292	300	8

9. WELL CONSTRUCTION
 Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 1/4 Inches **0** Feet **300** Feet
 _____ Inches _____ Feet _____ 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	300

Perforations:
 Type of perforation **Factory**
 Size of perforation **.060 double row**
 From **296** feet to **256** feet
 From **214** feet to **154** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement **0** to **122** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No **122** to **300** Pumped Poured
 Type: **1/4 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **6/2, 20 14**
 Date completed: **6/5, 20 14**

7. Water Level
 Static water level: **28** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: _____

8. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	200+		2

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 *[Signature]*
 By driller performing actual drilling on site or contractor
 Date **6/24/14**