

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

OFFICE USE ONLY
 Log No. 120583
 Permit No. _____
 Basin 103

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. 71855

1. OWNER **George Stadler** ADDRESS AT WELL LOCATION **Same**
 MAILING ADDRESS **328 Martin Ln**
Dayton NV 89403 Subdivision Name: _____ County: **Storey**

2. LOCATION **SE 1/4 NW 1/4 Sec 30 T 17 / R 22 E** Latitude **39.312602** UTM E NAD 27
 PERMIT/WAIVER NO. **003-262-07** Longitude **-119.558094** 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 _____

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Fill		156	160	4
Broken Gray Volcanic Rock		160	172	12
Gray Volcanic Rock		172	190	18
Soft Zone	x	190	191	1
Gray Volcanic Rock		191	210	19
Soft Zone	x	210	211	1
Gray Volcanic Rock		211	260	49
Soft Zone	x	260	262	2
Gray Volcanic Rock		262	275	13

9. WELL CONSTRUCTION

Depth Drilled **275** Feet Depth Cased **275** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	156 Feet 275 Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	140	275

Perforations:

Type of perforation **Factory**

Size of perforation **.060 double row**

From	To
275 feet to	255 feet
From 215 feet to	195 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: _____

Date started: **8/4**, 20 **14**
 Date completed: **8/5**, 20 **14**

7. **Water Level**

Static water level: **152** feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °F

Quality: **not tested**

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/>	Draw Down (Feet Below Static)	Time (Hours)
Pump	16.5	2	4	

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 **8/8/14**

Deepening Unknown Well log