STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 120924
Permit No.
Basin 091

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. 71850

1. OWNER **White Family Trust**
MAILING ADDRESS **3361 Druid Ln, Los Alamitos, CA 90720**

ADDRESS AT WELL LOCATION **350 Hirsh Rd Verdi, NV 89439**
Subdivision Name: *County:* **Washoe**

2. LOCATION **SE¼NE¼ Sec19T19N / R18E**
PERMIT/WAIVER NO. *Issued by Water Resources* **038-242-29** Parcel. No.

Latitude **39.499846** UTM E ☐ NAD 27
Longitude **-119.996084** 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	Thickness
Boulders, Gravels, Sand & Clay		0	24	24
Dark Brown Sandy Clays		24	40	16
Gray Sandy Clays		40	89	49
Soft Zone		89	92	3
Gray Sandy Clays		92	161	69
Soft Zone	x	161	164	3
Gray Sandy Clays		164	190	26
Soft Zone	X	190	196	6
Gray Sandy Clays		196	212	16
Soft Zone	X	212	217	5
Gray Sandy Clays		217	222	5
Soft Zone	X	222	228	6
Gray Sandy Clays		228	237	9
Washoe County Permit # WL140037				
NAD 27 39.499937 119.995050				

Date started: 8/8, 20 14
Date completed: 8/14, 20 14

9. WELL CONSTRUCTION
Depth Drilled 237 Feet Depth Cased 237 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0 Feet	105 Feet
9 7/8 Inches	105 Feet	237 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	237

Perforations:
Type of perforation **Factory**
Size of perforation **.060 double row**
From 197 feet to 237 feet
From feet to feet
From feet to feet
From feet to 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 to ☐ Pumped ☒ Poured
Type: **1/4 x 1/8**
Bentonite Chips: ☐ Yes ☐ No to ☐ Pumped ☐ Poured
Type:

7. Water Level
Static water level: **32** feet below land surface
Artesian Flow: G.P.M. P.S.I
Water Temperature: °F
Quality: **not tested**

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☒ Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Air	35+		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 **9/2/14**

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