

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

OFFICE USE ONLY
 Log No. ~~124~~ 124123
 Permit No. 84921
 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. 73426

1. OWNER **Anthony & Beverly Taormina** ADDRESS AT WELL LOCATION **Same**
 MAILING ADDRESS **2260 Honey Ln**
Reno, NV 89511 Subdivision Name: County: **Washoe**

2. LOCATION **NE 1/4 SE 1/4 Sec12T 18 N/S R 19 E** Latitude **39.437664** UTM E NAD 27
 PERMIT/WAIVER NO. **84921** Parcel No. **230-080-05** Longitude **-119.791666** 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
Road Base		0	2	2
Gravel & Clay		2	6	4
Multi Colored Volcanics		6	12	6
Hard Rock		12	28	16
Hard Volcanic		28	35	7
Purple Rock Rust Clay Layers		35	45	10
Hard Black Rock		45	64	19
Purple Black Volcanics		64	71	7
Multi Colored Hard Rock		71	99	28
Multi colored Fractured Rock		99	103	4
Volcanic w/ Clay Layers		103	105	2
Purple Rust Volcanic		105	113	8
Hard Black Purple Grey Rock		113	131	18
Rust colored Fracture Rock		131	146	15
Hard Purple Volcanic		146	153	7
Multi Colored Rock w/ Clay		153	200	47

9. WELL CONSTRUCTION

Depth Drilled **200** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)

From	To
12 5/8 Inches	200 Feet
_____ Inches	_____ Feet
_____ Inches	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"	16.94	.188	+2	200

Perforations:

Type of perforation **Factory**

Size of perforation **.060 Double perf.**

From	To
200 feet to	180 feet
180 feet to	160 feet
160 feet to	140 feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

Material	From	To	Method
<input checked="" type="checkbox"/> Neat Cement	0	107	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	107	200	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: 1/4 x 1/8			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____			

Date started: **10/14**, 20 **15**
 Date completed: **10/21**, 20 **15**

7. Water Level

Static water level: **13'** feet below land surface

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

Water Temperature: **56** °F

Quality: **not tested**

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
		Draw Down (Feet Below Static)	Time (Hours)
Air Lift	100+	40'	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 Services, 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 **2326**

Signed _____
 By driller performing actual drilling on site or contractor

Date **10/31/2015**

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 NOV 12 AM 11:15
 THE ENGINEERS OFFICE