

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

OFFICE USE ONLY  
Log No. 124145  
Permit No. \_\_\_\_\_  
Basin 083

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. 74022

1. OWNER **Suzeanna Levy** ADDRESS AT WELL LOCATION **4430 Barrel Springs Reno NV 89521**  
MAILING ADDRESS **#7361901 1520 Royal Palm #320 Fort Myers FL 33919** Subdivision Name: \_\_\_\_\_ County: **Storey**

2. LOCATION **NE 1/4 SE 1/4 Sec 4 T 17 N/S R 21 E** Latitude **39.366720** UTM E  NAD 27  
PERMIT/WAIVER NO. **003-392-02** Longitude **-119.622600** 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 **Air**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	2	2
Grey Clay & Volcanics		2	198	196
Brown Caly & Volcanics		198	302	104
Grey Clay & Volcanics		302	428	126
Fractured Grey Volcanics	X	428	435	7
Grey Brown Clays & Volcanics		435	667	232
Fractured Red Volcanics	X	667	685	18
Grey Volcanics		685	712	27
<b>Storey County Permit #0961200</b>				
<i>NAD 27</i>				
<i>39.366807</i>				
<i>119.621587</i>				

9. WELL CONSTRUCTION

Depth Drilled **712** Feet Depth Cased **712** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>10 5/8</b> Inches	<b>0</b> Feet <b>60</b> Feet
<b>9 7/8</b> Inches	<b>60</b> Feet <b>712</b> Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.92</b>	<b>.188</b>	<b>+2</b>	<b>712</b>

Perforations:

Type of perforation **Factory**

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

From	To
<b>652</b> feet to	<b>712</b> feet
<b>412</b> feet to	<b>432</b> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal:  Yes  No

<input checked="" type="checkbox"/> Neat Cement	<b>0</b> to <b>56</b>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>56</b> to <b>712</b>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: <b>1/4 x 1/8</b>			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

Date started: **11/30**, 20 **15**  
Date completed: **12/4**, 20 **15**

7. Water Level

Static water level: **367'** 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:	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			
<b>Air</b>	<b>30+</b>		<b>4</b>
_____	_____	_____	_____
_____	_____	_____	_____

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 **1790**

Signed \_\_\_\_\_  
By driller performing actual drilling on site or contractor

Date **12/8/2015**