

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

OFFICE USE ONLY  
Log No. 124744  
Permit No. \_\_\_\_\_  
Basin 089

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. 73404

1. OWNER **Gerald Ross** ADDRESS AT WELL LOCATION **785 Old Ophir Rd**  
MAILING ADDRESS **785 Old Ophir Rd** **Washoe Valley NV 89704**  
**Washoe Valley NV 89704** Subdivision Name: \_\_\_\_\_ County: **Washoe**

2. LOCATION **SE 1/4 SE 1/4 Sec 23 T17 R 19 E** Latitude **39.318236** UTM E  NAD 27  
PERMIT/WAIVER NO. **DOM 15-32** **050-233-08** Longitude **-119.810272** 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	Thickness
Sand & Gravel		0	8	8
Brown Sand & Clay		8	12	4
Brown Sand		12	22	10
Grey Sand & Clay		22	35	13
Coarse Brown Sand	X	35	45	10
Brown Clay		45	46	1
Coarse Brown Sand & Clay		46	50	4
Coarse Sand & Grey Clay	X	50	100	50
Grey Sand		100	150	50
Small Gravel Coarse Sand	X	150	176	26
Grey Clay		176	178	2
Coarse Sand	X	178	190	12

9. WELL CONSTRUCTION

Depth Drilled **190** Feet Depth Cased **190** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>10 5/8</b> Inches	<b>0</b> Feet <b>190</b> Feet
_____ Inches	_____ Feet _____ 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>190</b>

Perforations:

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

From	To
<b>190</b> feet to	<b>150</b> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Date started: **5-22 20 15**  
Date completed: **5-26 20 15**

Annular Seal:  Yes  No

Neat Cement 54 to 0  Pumped  Poured  
 Cement Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Concrete Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 ≥30% Bentonite Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Gravel Pack:  Yes  No 190 to 54  Pumped  Poured  
Type: **1/4 x 1/8**  
Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
Type: \_\_\_\_\_

7. Water Level

Static water level: **7'** feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: **60** °F  
Quality: **not tested**

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)

8. WELL TEST DATA

TEST METHOD:	TEST METHOD:		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<b>42</b>	<b>20'</b>	<b>4</b>

**NAD 27**  
**39.318236**  
**119.809252**

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 *[Signature]*  
By driller performing actual drilling on site or contractor  
Date **6-1-2015**

*Replacing unknown well log*