

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

OFFICE USE ONLY  
 Log No. 82785  
 Permit No. \_\_\_\_\_  
 Basin 105

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

Please complete this form in its entirety in  
 accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **44485**

1. OWNER **Virginia Jacobson**  
 MAILING ADDRESS **P.O. Box 76**  
**Gardnerville, NV 89410**

ADDRESS AT WELL LOCATION **1580 Toler Lane**

2. LOCATION **NW 1/4 SW 1/4 Sec. 34 T 13N** N/S R **20E E** **Douglas** County  
 PERMIT NO. \_\_\_\_\_ ISSUED BY Water Resources **034-002-024** Parcel No. \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  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
Clay-rock		0	17	17
Multi colored rock		17	25	8
Clay-w/rock		25	28	3
Multi colored rock		28	59	31
rounded gravels, white, green, tan, black		59	66	7
Clay		66	81	15
Multi colored rock	x	81	125	44
Clay-rock		125	127	2
Rounded gravels	x	127	140	13

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
**10 5/8"** Inches **0** Feet **140** 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>+1.5</b>	<b>140</b>

Perforations:  
 Type perforation **Factory**  
 Size perforation **3/32 x 3"**

From	feet to	feet
	<b>100</b>	<b>140</b>
	feet to	feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **100**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From **100** feet to **140** feet

9. WATER LEVEL  
 Static water level **40** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **cold** °F Quality **clear**

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 **1719**  
 Signed R. Bruce MacKay  
 By driller performing actual drilling on site or contractor  
 Date **3/13/01**

Date started **3/7/01**, 19\_\_\_\_  
 Date completed **3/9/2001**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<b>Air</b>	<b>75+</b>		<b>1 hour</b>

Bailer  Pump  Air Lift