



Log No. 100914
 Permit No. _____
 Basin 089

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. **57813**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER John Beucus ADDRESS AT WELL LOCATION 235 Drake Way Washoe
 MAILING ADDRESS 235 Drake Way
Washoe, NV 89704

2. LOCATION SW 1/4 SE 1/4 Sec. 32 T 17N N/S R 20E E Washoe County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 050-392-04 Subdivision Name Washoe Sierra #1

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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Gray granite broken		237	243	6
Fracture	x	243	244	1
Weatherd granite	x	244	253	9
Fracture	x	253	255	2
Weatherd granite		255	290	35
Rusty weatherd granite		290	293	3
Weatherd granite		293	310	17
Rusty weatherd granite	x	310	315	5
Gray granite		315	320	5
Black volcanic rock		320	327	7

Washoe County Permit # WL 060167
 Nad 83
 N 39.29053
 W 119.757329

8. WELL CONSTRUCTION
 Depth Drilled 327 Feet Depth Cased 327 Feet

HOLE DIAMETER (BIT SIZE)

	From	To	Feet	Feet
<u>6 1/8</u> Inches	<u>237</u>	<u>327</u>		
_____ Inches	_____	_____	_____	_____
_____ Inches	_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>217</u>	<u>327</u>

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3

From	feet to	feet
<u>227</u>	<u>247</u>	<u>247</u>
<u>307</u>	<u>327</u>	<u>327</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal: Yes No
 Depth of Seal _____
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 200 feet below land surface,
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °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.

Date started 9/5/2006, 19
 Date completed 9/6/2006, 19

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25</u>		<u>3</u>

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 9/7/2006