

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



OFFICE USE ONLY
 Log No. 101605
 Permit No. _____
 Basin 89

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. **57819**

1. OWNER **Art Barnard**
 MAILING ADDRESS **3680 Pershing Ln.**
Washoe Valley, NV 89704

ADDRESS AT WELL LOCATION **3680 Pershing Ln.**

2. LOCATION ~~NW~~ 1/4 ~~SE~~ 1/4 Sec. **6** T **16N**
 PERMIT NO. **SE NE** **050-464921**
Issued by Water Resources Parcel No. Subdivision Name

N/S R **20E** E **Washoe** County

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
Top soil		0	1	1
Brown sandy clay		1	10	9
Rusty brown sand				
gravel some clay		10	30	20
Gray clay		30	32	2
Brown sandy clay some gravel		32	67	35
Soft zone	x	67	70	3
Brown sandy clay some gravel		70	81	11
Soft zone	x	81	94	13
Brown sandy clay with gravel		94	101	7
Soft zone	x	101	116	15
Brown clay		116	120	4
Weatherd granite		120	155	35
Fracture	x	155	157	2
Weatherd granite		157	170	13

8. WELL CONSTRUCTION

Depth Drilled **170** Feet Depth Cased **170** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
11 Inches	0 Feet	50 Feet
9 7/8 Inches	50 Feet	170 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	170

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

From	To
105 feet	125 feet
145 feet	165 feet
feet	feet
feet	feet

Washoe County Permit # **WL060171**
NAD 83
N39.28104
W 119.77366

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **50** feet to **170** feet

39.281145° N
119.772659
NAD27 Con US

9. WATER LEVEL
 Static water level **40** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Cool** °F Quality **Not tested**

Date started **9/13/2006**, 19____
 Date completed **9/15/2006**, 19____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
40+		

RECEIVED
 2006 SEP 26 AM 10:43
 STATE ENGINEERS OFFICE

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 **9/15/2006**