



Log No. 101657

Permit No.

Basin 92B

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. 57793

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **Gregg Poehlmann**
 MAILING ADDRESS **11420 Fir Dr.**
Reno, NV 89506

ADDRESS AT WELL LOCATION **11420 Fir Dr.**

2. LOCATION **SE NE 1/4 NE SF 1/4 Sec. 23 T 21N**
 PERMIT NO. **DOM 06-021** Issued by Water Resources
080-277-04 Parcel No.

N/S R **19E** E **Washoe** County

Subdivision Name

3. WORK PERFORMED
 New Well
 Deepen
 Replace
 Abandon
 Recondition
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Air
 Rotary
 Other
 RVC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Weathered granite		166	171	5
Gray volcanic rock with clay streaks		171	210	39
Gray and brown volcanic rock		210	216	6
Gray volcanic rock		216	290	74
Reddish brown volcanic rock		290	309	19
Brown volcanic rock		309	315	6
Fracture		315	316	1
Brown volcanic rock		316	339	23
Small fracture		339	340	1
Brown volcanic rock		340	360	20
Purple volcanic rock		360	380	20
Soft zone		380	386	6
Purple volcanic rock		386	440	54
Gray to black volcanic rock		440	481	41
Reddish brown volcanic rock		481	490	9
Fracture rock	x	490	497	7
Purple volcanic rock		497	525	28
Washoe County Permit # WL 060160				
NAD 83				
N 39.67186				
W 119.81037				

8. WELL CONSTRUCTION

Depth Drilled **525** Feet Depth Cased **525** Feet

HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches To **166** Feet
 To **525** Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	125	525

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 x 3**
 From **485** feet to **525** feet
 From _____ feet to _____ feet

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

9. WATER LEVEL

Static water level **102** 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.

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 **8/29/2006**

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	25		3