

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

OFFICE USE ONLY
 Log No. 102181
 Permit No. _____
 Basin 584

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. 58966

1. OWNER John Claypool ADDRESS AT WELL LOCATION 5900 Sage Flats Rd.
 MAILING ADDRESS 5900 Sage Flats Rd.
Reno, NV 89510

2. LOCATION NW 1/4 SE 1/4 Sec. 32 T 23N N/S R 21E E Washoe County
 PERMIT NO. 076-232-06 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources

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
On this date we abandoned a 6" X 160' well by perforating from 93' to 143' with Mills Knife. We then pumped 2 cubic yards of neat cement mixed 5.2 gallons of water per sack. We pumped using tremie pipe from the bottom to the top of the well.				
Washoe County Permit # WL 060200				
NAD 83				
N 39.81537				
W 119.64890				
39.815461 N				
119.647760 W NAD27				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>10 Gauge</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation Mills Knife
 Size perforation Puncture

From	feet to	feet to
	<u>93</u>	<u>143</u>
	feet to	feet

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

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 143 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 11/15/2006 19
 Date completed 11/15/2006 19

7. WELL TEST DATA

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

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, 2271
 Signed R. SunnManta
 By driller performing actual drilling on-site or contractor
 Date 11/17/2006