



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

OFFICE USE ONLY
 Log No. 102760
 Permit No. _____
 Basin 087

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. **59071**

1. OWNER **Jeff & Brandi Pritchett**
 MAILING ADDRESS **10566 French Meadows Way**
Reno, NV 89521

ADDRESS AT WELL LOCATION **14305 Raider Run Reno**

2. LOCATION **NW 1/4 NE 1/4 Sec. 30 T 18N** N/S R **20E** E **Washoe** County
 PERMIT NO. **DOM 06-037** **142-241-27** **Government Homesites**
Issued by Water Resources 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top soil		0	2	2
Granite boulder		2	4	2
Brown sandy clay with gravel		4	19	15
Granite sands		19	22	3
Brown sandy clays with gravel		22	96	74
Soft zone		96	98	2
Brown sandy clays with gravel		98	130	32
Granite boulder		130	136	6
Brown sandy clays with gravel		136	187	51
Soft zone		187	190	3
Brown sandy clays with gravel		190	268	78
Soft zone		268	281	13
Brown sandy clays with gravel		281	320	39
Soft zone	x	320	345	25
Brown sandy clay		345	355	10
Soft zone	x	355	386	31
Brown volcanic rock with clay streaks		386	400	14

8. WELL CONSTRUCTION

Depth Drilled **400** Feet Depth Cased **400** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0	100
8.5 Inches	100	400

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	400

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

From	To
335	395
_____	_____
_____	_____
_____	_____
_____	_____

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 **400** feet

9. WATER LEVEL

Static water level **295** 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 **11/29/2006**

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
42	STATE ENGINEERS OFFICE		
	2006 DEC 6 - 6 AM 10:59		
	RECEIVED		