

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

OFFICE USE ONLY

Log No. 103670
 Permit No. _____
 Basin D94

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 59850

1. OWNER **Sierra Nevada Teen Ranch** ADDRESS AT WELL LOCATION **None**
 MAILING ADDRESS **P.O. Box 14945** **Reno**
Reno NV. 89507 **Subdivision Name:** _____ **County: Washoe**

2. LOCATION **ne 1/4 sec 4 T23N R19E** Latitude **39.89513** UTM E NAD 27
 PERMIT/WAIVER NO. **73694** **079-210-15** Longitude **119.85176** N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen 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
Brown clay		0	1	1
Gray sandy clays		1	66	65
Reddish brown sandy clays		66	70	4
Gray sandy clay		70	81	11
Soft zone	x	81	91	10
Gray volcanic rock		91	169	78
Fracture		169	170	1
Brown volcanic rock		170	178	8
Fracture	x	178	179	1
Gray & green volcanic		179	213	34
Soft zone	x	213	214	1
Gray & green sandy clay		214	223	9

Washoe County Permit
 WL 070068

N 39.895245
W 119.850748 NAD27

9. WELL CONSTRUCTION
 Depth Drilled **223** Feet Depth Cased **223** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet 100 Feet
8 5/8 Inches	100 Feet 223 Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	223

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

From	To
119 feet to	129 feet
169 feet to	179 feet
199 feet to	219 feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	0 to 100	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	100 to 223	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: 1/4x1/8			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

Date started: **5/21, 20 07**
 Date completed: **5/24, 20 07**

7. Water Level
 Static water level: **5** 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)

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
24	12	3	

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 **5/29/07**