

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

OFFICE USE ONLY

Log No. 103,679

Permit No. \_\_\_\_\_

Basin Ø86

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. 59109

1. OWNER **Wes Jensen** ADDRESS AT WELL LOCATION **700 W. 7th. Sun Valley**  
 MAILING ADDRESS **P.O. Box 20838 SunValley NV. 89433**

2. LOCATION SE NW 1/4 Sec13T20N/ R19E Subdivision Name: \_\_\_\_\_ County: **Washoe**  
 PERMIT/WAIVER NO. \_\_\_\_\_ Parcel No. \_\_\_\_\_ Latitude **39.60070 N** UTM E \_\_\_\_\_  NAD 27  
 Longitude **119.80176 W** N  NAD 83WGS 84

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
Top soil		0	1	1
D.G.		1	11	10
Brown volcanic rock		11	22	11
D.G.		22	41	19
Weatherd granite		41	98	57
Fracture	x	98	99	1
Weatherd granite		99	107	8
Fracture	x	107	108	1
Weatherd granite		108	135	27
Fracture	x	135	136	1
Granite		136	161	25
Fracture	x	161	167	6
Granite		167	175	8

N 39.600810  
 W 119.800753 NAD83

Washoe County Permit #WL070040

9. WELL CONSTRUCTION

Depth Drilled **175** Feet Depth Cased **175** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 Inches	0 Feet 50 Feet
8.5 Inches	50 Feet 175 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	175

Perforations: Type of perforation **Mill slot**  
 Size of perforation **3/32**

From	To
130 feet to	170 feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal:  Yes  No

Material	From	To	Method
<input checked="" type="checkbox"/> Neat Cement	0	50	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Gravel Pack:  Yes  No **50** to **175**  Pumped  Poured  
 Type: **1/4x1/8**

Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Type: \_\_\_\_\_

7. Water Level  
 Static water level: **65** feet below land surface  
 Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water Temperature: **Cold** °F  
 Quality: **Not Tested**

8. 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)
<b>55</b>			<b>3</b>

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 and 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 **4/11/07**