

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

OFFICE USE ONLY
 Log No. 103696
 Permit No. _____
 Basin Ø88

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. 59838

1. OWNER **John Ford** ADDRESS AT WELL LOCATION **15441 Balsawood Reno**
 MAILING ADDRESS **15441 Balsawood Reno NV. 89511** Subdivision Name: _____ County: **Washoe**

2. LOCATION **ne¼ne¼ Sec2T17N/ R19E** Latitude **39.37313** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **DOM05-009A** **045-553-37** Longitude **119.81161** 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 **mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Coarse sand		175	180	5
Sand clay		180	200	20
Sand cobbles		200	260	60
Sandy clay		260	280	20
Cobbles		280	300	20
Boulders volcanics		300	340	40
Red volcanics		340	380	40
Hard gray fractured volcanics		380	400	20
Hard gray volcanics		400	420	20
Hard fractured volcanics		420	440	20
Fractured volcanics		440	470	30
N39.373237				
W 119.810606 NAD27				
WASHOE CD PERMIT				
WL 070038				
MAY 29 AM 11:32				
STATE ENGINEERS OFFICE				
Date started: 5/9, 20 07				
Date completed: 5/10, 20 07				

9. WELL CONSTRUCTION
 Depth Drilled **470** Feet Depth Cased **470** Feet

HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches To **175** Feet **470** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	130	470

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

From	To
220 feet to	240 feet
380 feet to	400 feet
440 feet to	460 feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level
 Static water level: **111** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **Cool** °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)
50+			3

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 **1790**

Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date **5/14/07**