

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

OFFICE USE ONLY

Log No. 103868

Permit No. _____

Basin 105

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. 59853

1. OWNER **Donald Stratton** ADDRESS AT WELL LOCATION **2259 Meadow Lark Ln. Genoa**
 MAILING ADDRESS **P.O. Box 590** **Genoa NV. 89411** **Subdivision Name:** _____ **County: Douglas**
 2. LOCATION **SW/4 Sec 10 T13N R19E** Latitude **39.00459** UTM E NAD 27
 PERMIT/WAIVER NO. **1319-10-610-005** Longitude **119.83452** N NAD 83/WGS 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 **mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy gray clay		0	60	60
Sandy brown clay cobbles		60	80	20
Brown clay cobbles		80	140	60
Brown sand silt		140	175	35
Gray silt sand		175	195	20
Brown sand silt		195	220	25
Brown sand boulders		220	260	40
Sand brown clay		260	280	20
Coarse sand small gravel	x	280	315	35
Brown clay		315	335	20
Coarse sand small gravel	x	335	355	20
Gray clay		355	360	5

N39.004691
 W119.833521 NAD27

9. WELL CONSTRUCTION

Depth Drilled **360** Feet Depth Cased **360** Feet

HOLE DIAMETER (BIT SIZE)

From **12 1/4** Inches To **0** Feet **360** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	360

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

From **280** feet to **360** feet

Annular Seal: Yes No

Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No **100** to **360** Pumped Poured
 Type: **1/4x1/8**

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

Date started: **5/30**, 20 **07**
 Date completed: **6/6**, 20 **07**

7. Water Level

Static water level: **0** feet below land surface
 Artesian Flow: **5** G.P.M. P.S.I.
 Water Temperature: **Cool** °F
 Quality: **Not tested**

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	30	100	3

LS: 01117 81 1107 1007

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.**
 Address **1600 Mt. Rose Hwy**
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 **6/11/07**