

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

OFFICE USE ONLY

Log No. 104244
 Permit No. _____
 Basin 284
 NOTICE OF INTENT NO. **60482**

PRINT OR TYPE ONLY

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

1. OWNER **David & Lisa Tauchen** ADDRESS AT WELL LOCATION **650 Curnow Canyon Rd.**
 MAILING ADDRESS **650 Curnow Canyon Rd.** **Reno NV. 89510**
 Reno NV. 89510 **Subdivision Name:** _____ **County: Washoe**

2. LOCATION **NE 1/4 SW 1/4 Sec 32 T22N R21E** Latitude **39.72832** UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ **76-180-15** Longitude **119.65108** 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 Monitor Stock Municipal/Industrial Other _____
 5. WELL TYPE Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Gray granite		605	645	40
Fracture	x	645	647	2
Gray granite		647	660	13
Fracture	x	660	661	1
Gray granite		661	726	65
Fracture	x	726	727	1
Gray granite		727	730	3
Black basalt volcanic		730	740	10
Gray granite		740	780	40
Fracture	x	780	781	1
Gray granite		781	802	21

9. WELL CONSTRUCTION

Depth Drilled **802** Feet Depth Cased **802** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	605 Feet 802 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	582	802

Date started: **8/27**, 20 **07**
 Date completed: **8/29**, 20 **07**

Perforations:

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

From	To
622 feet to	642 feet
702 feet to	722 feet
782 feet to	802 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: **566** 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 **9/4/07**

8. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M. 26	3	3

Stamp: RECEIVED 2007 SEP 13 PM 12:17