

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

OFFICE USE ONLY

Log No. 104376

Permit No. _____

Basin 059

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. 60497

1. OWNER **Fred Sauer** ADDRESS AT WELL LOCATION **7410 Bryan Canyon Rd**
 MAILING ADDRESS **8415 Fairway Chase Tr.** **Washoe Valley**
Reno NV. 89523 **Subdivision Name:** _____ **County: Washoe**

2. LOCATION **SW1/4SW1/4 Sec23T15N/ R19E** Latitude **39.23102** UTM E NAD 27
 PERMIT/WAIVER NO. _____ Parcel No. _____ Longitude **119.82336** 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
D.G. & brown clay		0	3	3
Boulder gravel sand		3	5	2
D.G.		5	22	17
Boulder		22	24	2
Gray clay		24	27	3
Gray granite sand some clay		27	55	28
Gray granite		55	134	79
Soft zone	x	134	155	21
Gray granite some clay		155	174	19
Hard gray granite		174	177	3
Gray granite some clay		177	195	18
Gray granite		195	202	7
Soft zone	x	202	203	1
Gray granite		203	216	13
Gray granite		216	217	1
Gray granite		217	226	9
Fracture	x	226	227	1
Gray granite		227	319	92
Fracture	x	319	320	1
Gray granite		320	327	7

Washoe County Permit
 WL 070155
 N 39.231125
 W 119.822356 NAD27

9. WELL CONSTRUCTION

Depth Drilled **327** Feet Depth Cased **327** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet 195 Feet
6 1/8 Inches	195 Feet 327 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	195
5	10.79	.188	187	327

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

From	To
287 feet to	327 feet
feet to	feet
feet to	feet
feet to	feet
feet to	feet

Annular Seal: Yes No

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

Gravel Pack: Yes No 100 to 327 Pumped Poured
 Type: **1/8 x 1/4** \$ _____ \$ PL 1-5-08

Bentonite Chips: Yes No _____ Pumped Poured
 Type: _____

Date started: **10/2, 20 07**
 Date completed: **10/11, 20 07**

7. Water Level

Static water level: **104** 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:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
30	52	3	

RECEIVED
 2007 OCT 17 AM 10:52

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 **10/11/07**