

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

OFFICE USE ONLY **105637**

Log No.
 Permit No.
 Basin **089**

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. **61446**

1. OWNER **Richard Reel** ADDRESS AT WELL LOCATION **365 Sparrow Way**
 MAILING ADDRESS **365 Sparrow Way** **Washoe Valley**
Washoe Valley NV. 89704 *Subdivision Name:* *County: Washoe*

2. LOCATION **NW¼SE¼ Sec32T17N/ R20E** Latitude **39.29372** UTM E NAD 27
 PERMIT/WAIVER NO. **050-392-09** Longitude **119.75870** N NAD 83/WGS 84
Issued by Water Resources *Parcel. No.*

3. WORK PERFORMED New Well Replace Recondition Deepen Other
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Weatherd granite		270	280	10
Clay & sand		280	300	20
Weatherd granite clay sand		300	320	20
Granite some boulders		320	355	35
Soft zone	x	355	360	5
Granite some fractures	x	360	395	35
Soft		395	400	5

Washoe County Permit
WL060133

N 39.293725
 W 119.757699 NAD27

9. WELL CONSTRUCTION
 Depth Drilled **400** Feet Depth Cased **398** ~~400~~ Feet
 HOLE DIAMETER (BIT SIZE)
 From **6 1/8** inches **270** Feet **400** 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	238	398

Perforations:
 Type of perforation **Machine cut**
 Size of perforation **3/32**
 From **298** feet to **318** feet
 From **338** feet to **358** feet
 From **378** feet to **398** feet
 From _____ feet to _____ feet
 From _____ 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: _____

Date started: **2/18**, 20 **08**
 Date completed: **2/20**, 20 **08**

7. Water Level
 Static water level: **234** 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	15		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 **2/21/08**