

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

OFFICE USE ONLY

Log No. 106231
 Permit No. _____
 Basin 103

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. 61958

1. OWNER **Steven Martin**
 MAILING ADDRESS **P.O. Box 486**
NE Dayton NV. 89403

ADDRESS AT WELL LOCATION **317 Martin Ln.**
Dayton

2. LOCATION **SW 1/4 NW 1/4 Sec 30 T17N R22E**
 Subdivision Name: _____ County: **Storey**

PERMIT/WAIVER NO. _____ 003-261-08
 Issued by Water Resources Parcel No. _____

Latitude **39.31350** UTM E NAD 27
 Longitude **119.55733** 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
Clean out fill from previously drilled hole never cemented		340	505	165
Multi colored volcanic rock		505	541	36
Gray volcanic rock clay streaks		541	560	19
Gray volcanic rock		560	581	21
Fracture	x	581	583	2
Gray Volcanic rock		583	611	28
Small fracture	x	611	612	1
Gray volcanic rock		612	633	21
Small fracture	x	633	634	1
Gray volcanic rock		634	647	13
Gray volcanic rock clay streaks		647	651	4
Small fracture	x	651	654	3
Gray volcanic rock		654	673	19
Small Fracture	x	673	674	1
Hard Gray volcanic rock		674	690	16

9. WELL CONSTRUCTION
 Depth Drilled **690** Feet Depth Cased **690** Feet

HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches **505** Feet To **690** 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	310	690

Perforations:
 Type of perforation **Machine cut**
 Size of perforation **3/32 x 3**
 From **500** feet to **520** feet
 From **540** feet to **560** feet
 From **580** feet to **600** feet
 From **620** feet to **640** feet
 From **660** feet to **680** 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: **4/17**, 20 **08**
 Date completed: **5/1**, 20 **08**

7. Water Level
 Static water level: **176** 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)

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
		<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	
Air	1.5 To 2	<input checked="" type="checkbox"/> Air Lift	514	6
Pump	1.0		384	10

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 **5/5/08**