

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

OFFICE USE ONLY

Log No. 106499
 Permit No. _____
 Basin 684

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. **61955**

1. OWNER **Dennis Buck** ADDRESS AT WELL LOCATION **5605 Winnemucca Ranch**
 MAILING ADDRESS **5605 Winnemucca Ranch Rd.** **Reno**
Reno NV. 89510 **Subdivision Name:** _____ **County: Washoe**

2. LOCATION **NW¼SW¼ Sec13T22N/ R20E** Latitude **39.77107** UTM E NAD 27
 PERMIT/WAIVER NO. _____ Longitude **119.69366** 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
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil		0	1	1
Brown sandy clay boulders		1	9	8
Brown sandy clay gravel		9	62	53
Soft zone		62	67	5
Brown sandy clay		67	94	27
Dark brown sandy clay		94	105	11
Gray sandy clay		105	139	34
Gray sticky clay		139	151	12
Gray volcanic rock		151	169	18
Gray clay		169	186	17
Soft zone	x	186	191	5
Gray sandy clay		191	263	72
Soft zone	x	263	271	8
Gray clays		271	278	7
Gray volcanic rock		278	281	3
Soft zone	x	281	291	10
Gray clay sandy		291	307	16
Soft zone	x	307	310	3
Gray sandy clay		310	325	15

9. WELL CONSTRUCTION

Depth Drilled **325** Feet Depth Cased **325** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet 50 Feet
9 7/8 Inches	50 Feet 325 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	325

Perforations:

Type of perforation **Factory**

Size of perforation **3/32 x 3**

From	To
176 feet to	196 feet
216 feet to	236 feet
256 feet to	276 feet
296 feet to	316 feet
_____ feet to	_____ feet

Annular Seal: Yes No

Material	From	To	Method
<input checked="" type="checkbox"/> Neat Cement	0	50	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50	325	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: 1/4 x 1/8	_____	_____	_____
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____	_____	_____	_____

Washoe County Permit
WL 080023

*This is 2nd well on parcel
 Required by Washoe County
 RC 9-4-08*

N39.771161
W119.692639 NAD27

Date started: **4/8, 20 08**
 Date completed: **4/14, 20 08**

7. Water Level

Static water level: **108** 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:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	15	3
G.P.M.	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 **4/18/08**