

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

OFFICE USE ONLY

107103

Log No. \_\_\_\_\_  
 Permit No. \_\_\_\_\_  
 Basin 492A

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. 63585

1. OWNER James Scargough ADDRESS AT WELL LOCATION 8350 Osage Rd.  
 MAILING ADDRESS P.O. Box 372 Reno  
NE Portola Ca. 96122 Subdivision Name: \_\_\_\_\_ County: Washoe

2. LOCATION SE 1/4 SW 1/4 Sec 25 T21 N R18 E Latitude 39.65457 UTM E \_\_\_\_\_  NAD 27  
 PERMIT/WAIVER NO. \_\_\_\_\_ 086-360-07 Longitude 119.91360 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fine gray sand		85	90	5
Gray sand clay		90	98	8
Sand some clay		98	111	13
Gray sandy clay		111	120	9
Coarse gray sand	x	120	139	19
Gray sandy clays		139	155	16
Coarse sand	x	155	164	9
Gray sandy clay		164	180	16
Coarse granite sand	x	180	194	14
Gray sandy clay	x	194	203	9
Coarse granite sand		203	209	6
Gray sandy clay		209	216	7
Granite sand some clay		216	229	13
Brown clay		229	242	13
Granite sand	x	242	273	31
Brown clay		273	280	7

Washoe Permit WL 080109

N 39.654661  
W 119.912570 NAD27

Deepening of log # 18548

Date started: 9/30/08, 20  
 Date completed: 10/1/08, 20

9. WELL CONSTRUCTION

Depth Drilled 280 Feet Depth Cased 280 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>7 7/8</u> Inches	<u>90</u> Feet <u>280</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>80</u>	<u>280</u>

Perforations:

Type of perforation Factory

Size of perforation 3/32 x 3

From	To
<u>200</u> feet to	<u>220</u> feet
<u>240</u> feet to	<u>280</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal:  Yes  No

Material	to	Pumped	Poured
<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

7. Water Level

Static water level: 64 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 Draw Down	<input checked="" type="checkbox"/> Air Lift
G.P.M.	(Feet Below Static)	Time (Hours)	
<u>30</u>	<u>60 - 11111</u>	<u>3</u>	
	<u>5 - 100 0002</u>		

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 10/7/08