

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

OFFICE USE ONLY

Log No. 107482
 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. 63596

1. OWNER **Robert & Shirley Junda** ADDRESS AT WELL LOCATION **125 W. Coyote**
 MAILING ADDRESS **125 W. Coyote** **Washoe Valley**
Washoe Valley NV. 89704 **Subdivision Name:** _____ **County: Washoe**

2. LOCATION **SW¼NE¼ Sec31T17N/ R20E** Latitude **39.29598** UTM E NAD 27
 PERMIT/WAIVER NO. **050-385-10** Longitude **119.77695** N NAD 83WGS 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
Brown sand		79	100	21
Black Volcanic sand		100	105	5
Black volcanic sand ,clay	x	105	115	10
Sand & brown clay	x	115	140	25
Granite		140	145	5
Gray granite		145	158	13
Gray volcanic rock		158	170	12
Fracture rock		170	175	5
Soft fracture		175	180	5
Soft fracture granite	x	180	200	20

Date started: **11/17/08**, 20
 Date completed: **11-19/08**, 20

7. Water Level
 Static water level: **56** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: _____

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	15	3

2008 DEC -2 AM 11:15

9. WELL CONSTRUCTION
 Depth Drilled **200** Feet Depth Cased **200** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches **79** Feet **200** 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	70	200

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**
 From **100** feet to **120** feet
 From **180** feet to **200** feet
 From _____ feet to _____ 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: _____

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 **2326**

Signed *R. Bruce MacKay*
 By driller performing actual drilling on site or contractor
 Date **11/20/08**