

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

OFFICE USE ONLY **107697**

Log No. _____
 Permit No. _____
 Basin **088**

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. **63592**

1. OWNER **Dan & Elisa Gibson** ADDRESS AT WELL LOCATION **5415 Mountain Meadows Reno**
 MAILING ADDRESS **5415 Mountain Meadow Ln. Reno NV. 89511** **Subdivision Name:** _____ **County:** **Washoe**

2. LOCATION **SW¼NW¼ Sec2T17N/ R19E** Latitude **39.36871** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **D0408-017** **045-536-13** Longitude **119.82479** 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
Brown sandy clay		100	109	9
Granite sand		109	113	4
Granite boulder		113	115	2
Sand & gravel		115	126	11
Brown sandy clay, gravel, rock		126	160	34
Brown volcanic rock & clay		160	175	15
Soft zone sand	x	175	185	10
Rusty brown volcanic		185	194	9
Coarse sand	x	194	204	10
Brown volcanic rock		204	221	17
Granite sand	x	221	236	15
Brown volcanic rock		236	249	13
Soft zone	x	249	261	12
Brown volcanic rock & clay		261	290	29

9. WELL CONSTRUCTION
 Depth Drilled **290** Feet Depth Cased **290** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches **100** Feet **290** 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	85	290

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**
 From **185** feet to **205** feet
 From **225** feet to **245** feet
 From **265** feet to **285** 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: _____

Washoe Permit WL 080114
N39.368800
W 119.823768 NAD27
Deepening of log #15869
 Date started: **10/14/08** 20
 Date completed: **10/16/08** 20

7. Water Level
 Static water level: **106** 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"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
30-1 WJ 42 130 000		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 **923**
 Signed **R. Bruce MacKay**
 By driller performing actual drilling on site or contractor
 Date **10/20/08**