

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

OFFICE USE ONLY

Log No. 108009
Permit No. _____
Basin 082

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 63478

1. OWNER Numana Hatchery ADDRESS AT WELL LOCATION 100 Numana Rd.
MAILING ADDRESS Star Route, Sutcliffe, NV 89510 Star Route, Sutcliffe NV 89510
Subdivision Name: _____ County: Washoe

2. LOCATION NE ¼ NE ¼ Sec 6 T 21N N/S R 24 E Latitude 39.72136 UTM E NAD 27
PERMIT/WAIVER No. 079-180-42 Longitude 119.32227 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other

4. PROPOSED USE Domestic Irrigation Test Monitor
 Municipal/Industrial Stock

5. WELL TYPE Cable Rotary RVC
 Air Other x mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
sand & gravel/clay		0	18	
volcanic rock		18	42	
gravel		42	56	
clay		56	63	
gravel	x	63	72	
clay & gravel	x	72	91	
coarse gravel	x	91	121	30
clay		121	140	19
gravel	x	140	159	19
clay		159	188	29
clay & gravel	x	188	209	21
clay		209	282	73
clay & gravel	x	282	300	18

N 39.721444
W 119.321265 NAD27

9. WELL CONSTRUCTION

Depth Drilled 300 Feet Depth Cased 300 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>20"</u> Inches	<u>0</u> Feet <u>300</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>10 5/8</u>	<u>40.48</u>	<u>.312</u>	<u>+2</u>	<u>300</u>

Perforations:

Type of perforation screen

Size of perforation .050"

From <u>60</u>	feet to <u>160</u>	feet
From <u>180</u>	feet to <u>220</u>	feet
From <u>280</u>	feet to <u>300</u>	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u> to <u>50</u>	<input checked="" 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: Yes No 50 to 300 Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

7. Water Level

Static water level: 50 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: cool °F

Quality: clear

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>300+</u>	<u>300</u>	

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name McKay Drilling, Inc Contractor

Address 4850 Joule St. Suite A5 Contractor

Reno, NV 89502

Nevada contractor's license number issued by the State Contractor's Board 14170

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2121

Signed Steve McKay
By driller performing actual drilling on site or contractor

Date 1/2/2009