

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

OFFICE USE ONLY **108092**

Log No. _____
 Permit No. _____
 Basin **Ø89**
 NOTICE OF INTENT NO. **61972**

PRINT OR TYPE ONLY

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

1. OWNER **Santiago Basterrechea**
 MAILING ADDRESS **2175 W. Plumb Ln. Reno NV. 89509**
 ADDRESS AT WELL LOCATION **15789 Fawn Lane Reno**

2. LOCATION **SW¼SW¼ Sec36T18N/ R19E**
 PERMIT/WAIVER NO. **DOM080-07** **150-241-07**
 Issued by Water Resources Parcel No. _____
 Subdivision Name: _____ County: **Washoe**
 Latitude **39.37700** UTM E _____ NAD 27
 Longitude **119.80676** N _____ NAD 83/WGS 84

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 sand		150	160	10
Brown sandy clay & gravel		160	176	16
Brown sandy clay		176	197	21
Gravel sand some clay		197	215	18
Soft zone	x	215	252	37

9. WELL CONSTRUCTION
 Depth Drilled **252** Feet Depth Cased **252** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches To **150** Feet **252** 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	137	252

Washoe Permit WL080057

RECEIVED
 2008 JUL -1 AM 11:40
 STATE ENGINEERS OFFICE

N 39.377090
W 119.805739 NAD 87

Deepening of log #28504
 Date started: **6/11, 20 08**
 Date completed: **6/12, 20 08**

Perforations:
 Type of perforation **Machine cut**
 Size of perforation **3/32 x 3**
 From **247** feet to **207** 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: _____

7. Water Level
 Static water level: **124** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **Cool** °F
 Quality: **Not tested**

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)

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		
G.P.M. 35+		3

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 **6/16/08**