

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

OFFICE USE ONLY 108812

Log No. _____
 Permit No. _____
 Basin 889

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. 64433

1. OWNER **Robert & Elaine Roth** ADDRESS AT WELL LOCATION **1975 Eastlake Blvd. Washoe**
 MAILING ADDRESS **1975 Eastlake Blvd Washoe NV. 89704** **Washoe**
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **NE 1/4 NW 1/4 Sec 31 T17N R20E** Latitude **39.30131** UTM E NAD 27
 PERMIT/WAIVER NO. **050-368-05** Longitude **119.78216** 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
Sand		0	60	60
Sand gravel		60	80	20
Weatherd granite		80	100	20
Granite		100	170	70
Fracture Granite	x	170	171	1
Granite	x	171	195	24

Washoe Permit WL090065

39.301400° N
119.78192° W
NAD 27 (7A)

9. WELL CONSTRUCTION
 Depth Drilled **195** Feet Depth Cased **195** Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 100 Feet
6 1/8 Inches 100 Feet 195 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>+2</u>	<u>100</u>
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>95</u>	<u>195</u>

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**
 From **155** feet to **195** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 20 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 20 to 100 Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **7-23-09**, 20
 Date completed: **7-27-09**, 20

7. Water Level
 Static water level: **80** 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:	Bailer	Pump	Air Lift
G.P.M.			
20			3
Draw Down (Feet Below Static)			
50			
Time (Hours)			
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 **1790**
 Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date **7-31-09**