

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

OFFICE USE ONLY

Log No. 108821
 Permit No. _____
 Basin Ø89

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. 64812

1. OWNER William & Deborah Pachak ADDRESS AT WELL LOCATION 2245 Chukar Dr.
 MAILING ADDRESS 2245 Chukar Dr. Washoe Valley, NV 89704
Washoe Valley, NV 89704 Subdivision Name: New Washoe
 City Sub#3 County: Washoe

2. LOCATION NW¼NE¼ Sec31T17 /S R20E Latitude 39.30073 UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ Parcel No. 050-362-16 Longitude 119.77650 N _____ NAD 83/WGS 84
 Issued by Water Resources

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
Granite		145	150	5
Sandy Clay		150	160	10
Broken Weatherd Granite	x	160	180	20
Broken Weatherd Granite		180	195	15
Sandy Brown Clay		195	205	10
Granite		205	260	55
Broken Granite	x	260	280	20
Granite		280	340	60
Broken Granite	x	340	360	20
Granite Hard		360	375	15

9. WELL CONSTRUCTION
 Depth Drilled 375 Feet Depth Cased 375 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches 145 Feet 375 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>135</u>	<u>375</u>

Perforations:
 Type of perforation Factory
 Size of perforation 3/32 x 3
 From 160 feet to 180 feet
 From 260 feet to 280 feet
 From 340 feet to 360 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 1790
 Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date 09-11-2009

Washoe Valley Permit # WL090081
39.300820° N
119.775482° W
NAD 27 (T)
Deepen Well Log # 24906
 2009 SEP 28 AM 11:56
 STATE ENGINEERS OFFICE

Date started: 09-01, 20 09
 Date completed: 09-03, 20 09

7. Water Level
 Static water level: 118 feet below land surface
 Artesian Flow: 15 G.P.M. P.S.I.
 Water Temperature: cool °F
 Quality: Not Tested

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>15</u>		<u>3</u>	