

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

OFFICE USE ONLY
 Log No. 108828
 Permit No. 891
 Basin 891

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. **64816**

1. OWNER **John & Nancy Neerhout** ADDRESS AT WELL LOCATION **360 Sylvan Ct.**
 MAILING ADDRESS **561 Keystone Ave #150** **Verdi, NV 89439**
Reno, NV 89503 Subdivision Name: **Sunrise Creek** County: **Washoe**
 Sub # 1

2. LOCATION **SW 1/4 SE 1/4 Sec 7 T19N/ R18E** Latitude **39.52208** UTM E NAD 27
 PERMIT/WAIVER NO. **038-842-07** Longitude **120.00034** 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill, Sand		171	175	4
Gray to Green Volcanic Rock		175	211	36
Gray Volcanic with Clay Streaks		211	268	57
Gray Hard Volcanic Rock		268	344	76
Fracture	x	344	345	1
Gray to Black Volcanic Rock		345	421	76
Fracture	x	421	422	1
Black Volcanic Rock		422	445	23
Fracture	x	445	446	1
Black Volcanic Rock		446	501	55

Washoe County Permit # **WL090086**

39.522171°N
119.999306°W
N 40 27 (TA)

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 2009 SEP 28 AM 11:56
 STATE ENGINEERS OFFICE

9. WELL CONSTRUCTION
 Depth Drilled **501** Feet Depth Cased **501** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
6 1/8 Inches **175** Feet **501** 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	161	501

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**
 From **481** feet to **421** feet
 From **301** feet to **281** feet
 From _____ feet to _____ 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: _____

Date started: **09-14, 20 09**
 Date completed: **09-16, 20 09**

7. Water Level
 Static water level: **159** 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"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M. 30-35		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