

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

OFFICE USE ONLY
 Log No. 108908

Permit No. _____
 Basin 897

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. **63679**

1. OWNER **Loucius Hudson** ADDRESS AT WELL LOCATION **74655 Fish Springs Flanigan**
 MAILING ADDRESS **P.O. Box 60184 Reno NV. 89506** Subdivision Name: _____ County: **Washoe**

2. LOCATION **SE 1/4NW1/4 Sec16T26N/ R19E** Latitude **40.12419** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **074-121-04** Longitude **119.85886** 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
Top soil		0	2	2
Sandy brown clay & gravel		2	25	23
Volcanic boulder gravel clay		25	23	-2
Brown sand volcanic gravel		23	40	17
Brown sandy clay		40	62	22
Volcanic boulder gravel		62	81	19
Soft zone	x	81	83	2
Gravel boulders sand	x	83	130	47

Washoe permit WL090037

40.124190°N
119.858860°W
 NAD 27

9. WELL CONSTRUCTION
 Depth Drilled **130** Feet Depth Cased **130** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches _____ 0 Feet _____ 130 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	130

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**
 From **90** feet to **130** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 130 Pumped Poured
 Type: **1/4 x 1/8**

Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **6-9-09**, 20
 Date completed: **6-11-09**, 20

7. Water Level
 Static water level: **28** 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	70-100		3

24:1 WA 62 NOV 2009

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
 Date **6-15-09**