

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

OFFICE USE ONLY

Log No. 110074
 Permit No. _____
 Basin 692B

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. 63676

1. OWNER **Carol Bratcher**
 MAILING ADDRESS **10585 Birch St. Reno NV. 89506**
 ADDRESS AT WELL LOCATION **10585 Birch St. Reno**
 Subdivision Name: Hopner Sub #1 County: Washoe
 2. LOCATION **SE 1/4 NW 1/4 Sec 26 T21 N/S R19E**
 Latitude 39.6592811 UTM E NAD 27
 Longitude 119.82053 N NAD 83/WGS 84
 PERMIT/WAIVER NO. DCM 0009-004 080-283-04 Parcel No. _____
 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown sand		98	101	3
Brown sandy clay		101	105	4
Fine sand		105	119	14
Brown sandy clay		119	149	30
Coarse sand some clay	x	149	169	20
Brown sandy clay		169	183	14
Soft zone coarse sand	x	183	201	18
Brown sandy clay		201	216	15
Soft zone	x	216	223	7
Weathered granite sand soft		223	246	23
Cemented granite sand		246	261	15
Soft granite sand	x	261	278	17
Sandy brown clay		278	291	13
Weathered granite sand	x	291	304	13
Gray granite		304	308	4

9. WELL CONSTRUCTION
 Depth Drilled 308 Feet Depth Cased 308 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 inches 98 Feet 308 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	83	308

Perforations:
 Type of perforation Factory
 Size of perforation 3/32 x 3
 From 183 feet to 203 feet
 From 263 feet to 303 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: _____

7. Water Level
 Static water level 23 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: Cool °F
 Quality: Not tested
 Date started: 4/16/09 20
 Date completed: 4/21/09 20
 Washoe Permit WL090041
deepening of log # 22972
 STATE ENGINEERS OFFICE
 39.659281°N
 119.819,504
 MAY - 7 PM 12:00

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Draw Down (Feet Below Static)			
Time (Hours)			
<u>25</u>			<u>3</u>

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 4/22/09