

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

OFFICE USE ONLY
 Log No. 110395
 Permit No. _____
 Basin 089

FINALIZED *MM*
 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. 0 **64820**

1. OWNER **Lee Weston**
 MAILING ADDRESS **1103 Skinner Dr. Washoe Vly, 89704**
 ADDRESS AT WELL LOCATION **1103 Skinner Dr. Washoe Vly, 89704**
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **NE 1/4 SW 1/4 Sec 19 T17N R20E**
 Latitude **39.32232** UTM E NAD 27
 Longitude **119.78133** N NAD 83/WGS 84

PERMIT/WAIVER NO. _____ Parcel No. _____
 Issued by Water Resources **050-540-33**

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
Gray Volcanic Rock Fracture	x	272	304	32
Gray Volcanic Rock		304	317	13
Fracture, Gray Volcanic	x	317	329	12
Gray Volcanic Rock		329	340	11
Fractured Rock	x	340	346	6
Brown Volcanic Rock		346	353	7

Washoe County Permit # **WL090119**

Deepens existing well log # 35955

*39.322°N NAD27 D.D.
119.780°W*

Date started: **10/27, 20 09**
 Date completed: **10/29, 20 09**

9. WELL CONSTRUCTION
 Depth Drilled **353** Feet Depth Cased **353** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches **272** Feet **353** 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	263	353

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**

From	To
348 feet to	328 feet
313 feet to	273 feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

Material	to	Method
<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____		
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____		

7. Water Level
 Static water level: **188** 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	40+		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 **23095 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 or contractor
 Date **10/29/09**