

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

OFFICE USE ONLY
 Log No. 110548
 Permit No. _____
 Basin 687
 NOTICE OF INTENT NO. 63665 (1)

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Thomas Dolan ADDRESS AT WELL LOCATION N/A Holcomb Ranch Ln.
 MAILING ADDRESS 2740 Holcomb Ln. **Reno**
NE Reno NV. 89511 Subdivision Name: _____ County: Washoe

2. LOCATION NW/4SW/4 Sec12T18N/ R19E Latitude 39.43929 UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ 230-070-07 Longitude 119.80045 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	Thickness
Brown clay cobbles		0	20	20
Sand Gravel		20	60	40
Sand gravel brown clay		60	80	20
Brown clay		80	130	50
Gray clay		130	210	80
D.G. Volcanic rock		210	370	160
Orange broken volcanic sand		370	385	15
Brown clay		385	390	5
Volcanic rock gray clay		390	440	50
Gray clay		440	445	5
Gray clay volcanic rock		445	448	3
Broken volcanic rock hard		448	478	30
Gray clay volcanic rock		478	520	42
Volcanic rock some clay		520	540	20
Gray clay		540	575	35
Brown clay		575	585	10
Volcanic coarse sand cobbles	x	585	675	90

9. WELL CONSTRUCTION

Depth Drilled 675 Feet Depth Cased 675 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet <u>675</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>+2</u>	<u>675</u>

Perforations:

Type of perforation Factory

Size of perforation 3/32 x 3

From 585 feet to 645 feet
 From 655 feet to 675 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 100 to 675 Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Washoe Permit # 090020

39.439, 379° N NAD27 D.D.
119.799, 428° W

Date started: 3/9/09, 20
 Date completed: 3/19/09, 20

7. Water Level

Static water level: 45 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:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift	Time (Hours)
<u>G.P.M. 110</u>				<u>3</u>
<u>50+</u>				
<u>2009 APR - 7 AM 10:38</u>				
<u>RECEIVED</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 1790

Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date 3/20/09

MMH - (F)