

1/2
 Deepening of Well Log
 # 6984

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

OFFICE USE ONLY
 Log No. 110653
 Permit No. 984 1/2
 Basin

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. 65421

1. OWNER **Springwood, LLC**
 MAILING ADDRESS **1760 Manzanita Ln. Reno, NV 89509**
 ADDRESS AT WELL LOCATION **5600 Whiskey Springs Rd. Reno, NV 89509**
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **Se 1/4 NE 1/4 Sec 6 T22N R21E**
 PERMIT/WAIVER NO. **76-242-05**
 Issued by Water Resources Parcel No. _____
 Latitude **39.80517** UTM E _____ NAD 27
 Longitude **119.66006** N _____ NAD 83/WGS 84

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		324	500	176
Gray Sandy Clays		500	505	5
Gray clay w/corse sand		505	570	65
Gray sandy clay	X	570	659	89
Soft Zone	X	659	667	8
Gray Sandy clays		667	781	114
Soft Zone	X	781	785	4
Gray Sandy Clay		785	790	5

Washoe county Permit # WL160004
 PA687
 RE
 2010 MAR 2 AM 16
 STATE ENGINEERS OFFICE
 NAD-27 GRS
 39.805261° N
 119.659040° W

9. WELL CONSTRUCTION
 Depth Drilled **315** Feet Depth Cased **790** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
11" Inches **315** Feet **790** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	0	790

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 X 9**
 From **790** feet to **770** feet
 From **750** feet to **730** feet
 From **710** feet to **690** feet
 From **670** feet to **650** feet
 From **630** feet to **610** feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout **100** to **0** Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No **790** to **100** Pumped Poured
 Type: **1/4 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level
 Static water level: **138** 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	120-130		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**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1790**
 Signed *R. Brumby*
 By driller performing actual drilling on site or contractor
 Date **04-20-10**

