

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

OFFICE USE ONLY
 Log No. 110655
 Permit No. _____
 Basin 105

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. **65431**

1. OWNER **Don & Kum Altman** ADDRESS AT WELL LOCATION **1143 Autum Hills Rd.**
 MAILING ADDRESS **1143 Autum Hills Rd.** **Gardnerville NV, 89460**
Gardnerville NV, 89460 Subdivision Name: _____ County: **Douglas**

2. LOCATION **SW¼NW¼ Sec10T12N/ R19E** Latitude **38.92033** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **1219-10-001-008** Longitude **119.84377** 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 **Symmetrix**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Well Gravel & Granite sands		187	200	13
Weatherd Granite,Sands,		200	250	50
Soft Zone	X	250	254	4
Weatherd Granite,Sands		254	268	14
Soft Zone	X	268	271	3
Weatherd Granite		271	297	26
Weatherd Rusty Granite	X	297	299	2
Weatherd Granite		299	305	6
Soft Zone	X	305	306	1
Weatherd Granite		306	345	39

9. WELL CONSTRUCTION
 Depth Drilled **345** Feet Depth Cased **345** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 Inches **187** Feet **345** 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	156'	345'

Perforations:
 Type of perforation **Air Perforater**
 Size of perforation **3 row**
 From **265** feet to **285** feet
 From **290** feet to **305** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout *exists* _____ 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: _____

Date started: **4-21, 20 10**
 Date completed: **4-23, 20 10**

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**

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)

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
50+			3
<i>deepens log # 22857</i>			

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. Bruce MacKay*
 By driller performing actual drilling on site or contractor
 Date **04/26/10**