

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

OFFICE USE ONLY
 Log No. 111354
 Permit No. _____
 Basin 092B

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. 65440

1. OWNER Tony Patti ADDRESS AT WELL LOCATION 7571 Bluff View Way
 MAILING ADDRESS 7571 Bluff View Way Reno, NV 89506
Reno, NV 89506 Subdivision Name: Medallion Est. County: Washoe

2. LOCATION NE 1/4 NE 1/4 Sec 10 T20N/ R19E Latitude 39.61930 UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ Parcel No. _____ Longitude 119.82948 N _____ NAD 83/WGS 84

3. WORK PERFORMED New Well Replace Recondition
 Deepen Other See Notes Below

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	Thickness
Gray Hard Granite		150	186	36
Fracture	X	186	188	2
Gray Granite		188	196	8
Weatherd Granite		196	205	9
Fracture	X	205	206	1
Weather Granite		206	230	24
Fracture	X	230	231	1
Weatherd Granite		231	240	9

39.619, 390° N NAD27 O.D.
119.828, 454° W

Washoe County Permit # WL100024

This was an existing well that was not constructed properly. We pulled the 16' of 8" casing from the well, reamed to top 50' to 10 5/8 then reamed the well to 150' with 8 5/8" We then drilled to 240'. We then constructed the new well per regulations.

Date started: 6-15, 20 10
 Date completed: 6-16, 20 10

9. WELL CONSTRUCTION

Depth Drilled 240 Feet Depth Cased 240 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet <u>50</u> Feet
<u>8 5/8</u> Inches	<u>50</u> Feet <u>240</u> 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>240</u>

Perforations:

Type of perforation Factory
 Size of perforation 3/32 X 3

From	To
<u>240</u> feet to	<u>200</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

Material	Thickness	From	To	Method
<input type="checkbox"/> Neat Cement	_____ to _____	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>3</u> to <u>50</u>	_____	_____	<input type="checkbox"/> Pumped <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>240</u> to <u>50</u>	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: <u>1/4 x 1/8</u>				
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: 130 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:	Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input checked="" type="checkbox"/>	
	G.P.M.	Draw Down (Feet Below Static)
Air	<u>40</u>	<u>3</u>
Pump	<u>14.2</u>	<u>2</u>
	<u>89:01:00</u>	<u>02:10:00</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 06-16-10

MMH-F