

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

OFFICE USE ONLY
 Log No. 112006
 Permit No. _____
 Basin 083

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. 66215 (i)

1. OWNER **Ross Mortensen**
 MAILING ADDRESS 1971 Saddleback Rd.
V C Highlands NV 89521

ADDRESS AT WELL LOCATION **1971 Saddleback**
V C Highlands NV 89521
 Subdivision Name: **VCH** County: **Storey**

2. LOCATION **SE 1/4 SE 1/4 Sec 31 T18N R21E** Latitude **39.37572** UTM E NAD 27
 PERMIT/WAIVER NO. **033-101-68** Longitude **119.65797** N NAD 83WGS 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		316	320	4
Pre drill, Fill in		320	340	
Gray to Green Volcanic Rock		340	369	29
Soft Zone	x	369	370	1
Gray to Green Volcanic Rock		370	461	91
Purple Volcanic Rock		461	473	12
Fracture	x	473	474	1
Gray to Brown Volcanic Rock		474	500	26
<i>deepens well log # 36086</i>				
<i>39.375808°N MAP 27 D.D.</i>				
<i>119.656955°W -GPS-</i>				

9. WELL CONSTRUCTION

Depth Drilled 500 Feet Depth Cased 500 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches 320 Feet 500 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>300</u>	<u>500</u>

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

From _____ feet to _____ feet
 From 360 feet to 380 feet
 From 460 feet to 500 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ 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: _____

7. Water Level
 Static water level: 308 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)	Time (Hours)
Air	<u>30</u>	<u>5</u>	<u>3</u>
Pump	<u>13</u>	<u>5</u>	<u>2</u>
<i>2010 SEP -2- 11:12</i>			

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 23094
 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 **8-26-10**

MMH-F