

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

OFFICE USE ONLY
 Log No. 117970
 Permit No. _____
 Basin 085

NOTICE OF INTENT NO. 69149

PRINT OR TYPE ONLY

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

1. OWNER Ray Robison ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS 320 Campo Rico Ct Sparks, NV 89441 ←

2. LOCATION NW 1/4 SW 1/4 Sec 1 T 21N/ R 20E Subdivision Name: _____ County: Washoe
 PERMIT/WAIVER NO. 076-281-20 Latitude 39.712350 UTM E _____ NAD 27
 Issued by Water Resources Parcel No. _____ Longitude -119.695891 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
Black Volcanic Rock		400	417	17
Fracture - WB		417	418	1
Black Volcanic Rock		418	466	48
Fracture - WB		466	467	1
Black Volcanic Rock		467	488	21
Fracture - WB		488	489	1
Black Volcanic Rock		489	561	72
Fracture		561	562	1
Black Volcanic Rock		562	609	47
Green Volcanic Rock		609	615	6
Black Volcanic Rock		615	702	87

Washoe Co Permit WL120038

2012 SEP 24 PM 11:00
 STATE ENGINEERS

Deepens well log # 50036

9. WELL CONSTRUCTION

Depth Drilled 702 Feet Depth Cased 702 Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____

6 1/8 Inches 400 Feet 702 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>10.2</u>	<u>.188</u>	<u>380</u>	<u>702</u>

Perforations:

Type of perforation Factory Cut

Size of perforation 3/32 x 3"

From 482 feet to 502 feet
 From 582 feet to 602 feet
 From 682 feet to 702 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: _____

Date started: 8/27, 20 12
 Date completed: 8/29, 20 12

7. Water Level

Static water level: 360 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	Pump	Air Lift
G.P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Draw Down (Feet Below Static)			
Time (Hours)			
<u>18</u>			
<u>39.712440°N</u>	<u>MA027</u>		
<u>119.694870°W</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 8/30/12