

Revised

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. **44476**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **Bill Gray** ADDRESS AT WELL LOCATION **393 Mottsville Lane**
 MAILING ADDRESS **393 Mottsville Lane**
Gardnerville, NV 89410

2. LOCATION **SE** 1/4 1/4 Sec. **3** T **12N** N/S R **19E** E **Douglas** County
 PERMIT NO. **19-110-460** Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Small gravels	x	185	227	42
Decomposed granite		227	245	18
D.G. & silt	x	245	261	16
D.G. & small gravels	x	261	290	29

After completion, well was observed to "heave" sand and would loose depth and quantity of water. We cleaned the well to bottom. We then lowered 5" casing on to previous 170' top of casing and made a mechanical connection by driving 5" top casing over the 170' top of original casing. We gravel packed to top of 5" (10'). We then developed the well at 30 GPM and pumping level of 13'.

8. WELL CONSTRUCTION
 Depth Drilled **290** Feet Depth Cased **290** Feet

HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches To **185** Feet
 To **290** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5"	10.79	.188	10	290

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

From 270 feet to 290 feet
From 70 feet to 90 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal _____
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From **10** feet to **170** feet

9. WATER LEVEL
 Static water level **0** feet below land surface
 Artesian flow **10** G.P.M. P.S.I.
 Water temperature **cold** °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
 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 **1719**
 Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date **12/19/00**

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
Pumped	30	13	48 Hrs

RECEIVED
 01 MAR -6 AM 11:45
 STATE ENGINEERS OFFICE

Date started **12/13/2000**, 19____
 Date completed **2/1/2001**, 19____