

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

OFFICE USE ONLY
 Log No. 93948
 Permit No. _____
 Basin 89

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **52179**

1. OWNER William Pattison ADDRESS AT WELL LOCATION 7605 Old Hwy 395
 MAILING ADDRESS 7605 Old Hwy 395
Washoe Valley, NV 89704

2. LOCATION SE 1/4 NE 1/4 Sec. 26 T 16N N/S R 19E E Washoe County
 PERMIT NO. 055-310-29 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
Brown DG.		0	35	35
Gray fine and coarse sand		35	55	20
Brown rock some brown clay		55	75	20
Black gray volcanic rock fractured		75	114	39
Black and gray volcanic rock	x	114	148	34
Gray candy clay		148	150	2
Volcanic rock		150	155	5
Volcanic rock fractured hard	x	155	195	40
Granite green hard fractured	x	195	200	5

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 200 Feet
 _____ Inches _____ Feet
 _____ Inches _____ 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>200</u>

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3
 From 100 feet to 120 feet
 From 160 feet to 200 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 100 feet to 200 feet

Washoe County Well Permit # WL030185

39.226, 230° N ADJ TO D.
119.811, 58.3° W

deepened by NOI #65438

Date started 6/24/2004, 19____
 Date completed 6/28/2004, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>23</u>	<u>3</u>	<u>3</u>

9. WATER LEVEL
 Static water level 44 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
 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 2010
 Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 6/28/2004

MMH (F)