

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

OFFICE USE ONLY
 Log No. 95300
 Permit No. _____
 Basin 089

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. ~~52180~~
 OTHER INTENT 52226

1. OWNER Joan & John Zanetti ADDRESS AT WELL LOCATION 115 Jack Daw
 MAILING ADDRESS 115 Jack Daw
Washoe Valley, NV 89704

2. LOCATION SE 1/4 SE 1/4 Sec. 31 T 17N N/S R 20E E Washoe County
 PERMIT NO. 050-419-10 Parcel No. _____ Submission Name _____
Issued by Water Resources

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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Granite		181	200	19
Granite salt & pepper		200	260	60
Granite Fractured	x	260	340	80
Granite black fractured	x	340	400	60
Washoe County Well Permit # WL 040286				

8. WELL CONSTRUCTION
 Depth Drilled 400 Foot Depth Casod 399 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>6 1/8</u> Inches	<u>181</u> Feet	<u>400</u> 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>4</u>	<u>399</u>

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3

From <u>159</u> feet to <u>179</u> feet
From <u>259</u> feet to <u>279</u> feet
From <u>359</u> feet to <u>399</u> feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal _____ Seal Type:
 Neal Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 30 feet to 399 feet

9. WATER LEVEL
 Static water level 97 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.

Date started 10/22/2004, 19____
 Date completed 10/29/2004, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift	
Air	<u>50+</u>		<u>3</u>
Pump	<u>27</u>	<u>15</u>	<u>2 Hrs</u>

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 11/1/2004

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