



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. **52246**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **William Dankers** ADDRESS AT WELL LOCATION **2485 Los Pinos**
 MAILING ADDRESS **105 Sam Jonas Drive**
Las Vegas, NV 89145

2. LOCATION **SW 1/4 SW 1/4 Sec. 30 T 21N** N/S R **21E E Washoe** County
 PERMIT NO. **076-380-47** **Spanish Springs Valley Ranches Unit 2**
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

6. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil with boulders		0	1	1
Brown clay		1	3	2
Gravels & sand with boulders		3	9	6
Brown sandy clay with boulders		9	18	9
Brown clay		18	21	3
Brown sandy clay with gravels		21	39	18
Brown sandy clay		39	65	26
Soft zone		65	70	5
Brown clay w/granite sand & gravel some volcanics		70	133	63
Gray to brown volcanic rock		133	169	36
Brown volcanic rock		169	279	110
Light brown sandy clay some gravels		279	285	6
Black volcanic rock		285	297	12
Green volcanic rock		297	360	63
Soft zone	X	360	366	6
Gray volcanic rock		366	386	20
Soft zone	X	386	419	33
Gray volcanic rock		419	425	6

Washoe County Permit # **WL040293**

8. WELL CONSTRUCTION
 Depth Drilled **425** Feet Depth Cased **425** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
10 5/8	0	50	Feet
8 5/8	50	425	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+ 18	425

Perforations:
 Type perforation **Factory Machine Cut**
 Size perforation **3/32 X 3**

From	To	Feet
385	425	feet
		feet

Surface Seal: Yes No Seal Type:
 Neal Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From **51** feet to **425** feet

9. WATER LEVEL
 Static water level **225** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ *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 **23098**
 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 **3/1/2005**

Date started **2/17/2005**, 19
 Date completed **2/25/2005**, 19

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	35		1 hr