

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 06149
 Permit No. _____
 Basin 089

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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. 52250

1. OWNER Dave Jones Const. ADDRESS AT WELL LOCATION 675 Washoe Valley
 MAILING ADDRESS 665 Ethan Ln.
Washoe Valley, NV 89704

2. LOCATION NE 1/4 SE 1/4 Sec. 23 T 17N N/S R 19E E Washoe County
 PERMIT NO. _____ Parcel No. 050-234-14 Subdivision 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy top soil		0	3	3
Coarse sand		3	80	77
Brown sand & gravel	x	80	95	15
Gray sandy clay	x	95	100	5
Sandy clay some gravels		100	120	20
Gray clay		120	160	40
Coarse gray sand some clay	x	160	180	20
Sandy gray clay		180	200	20
Coarse sand gray clay		200	215	15
Gray silt		215	220	5
Gray clay silt		220	230	10
Coarse sand some gray clay	x	230	240	10
ay sand		240	280	40

Washoe County Well Permit # WL040247

8. WELL CONSTRUCTION
 Depth Drilled 280 Feet Depth Cased 280 Feet
 HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 280 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ 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>280</u>

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3
 From _____ 80 feet to _____ 100 feet
 From _____ 160 feet to _____ 180 feet
 From _____ 220 feet to _____ 240 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 280 feet

9. WATER LEVEL
 Static water level 22 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 1790
 Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 4/13/2005

Date started 4/4/2005 _____ 19
 Date completed 4/7/2005 _____ 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>50+</u>			<u>3</u>

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