

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

OFFICE USE ONLY
 Log No. 96299
 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 534.040

NOTICE OF INTENT NO. **54715**

1. OWNER **Donald James**
 MAILING ADDRESS **P.O. Box 2954 Carson City, NV 89702**
 ADDRESS AT WELL LOCATION **3820 Doc Bar Ct. Washoe Valley**

2. LOCATION **SE 1/4 SW 1/4 Sec. 05 T 16N** N/S R **20E** E **Washoe** County
 PERMIT NO. **050-304-16** 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
Sand & gravel silt		0	20	20
Broken volcanic rock		20	40	20
Brown sand & gravel		40	60	20
Coarse sand small gravel		60	100	40
Coarse sand		100	110	10
Coarse sand small gravel		110	125	15
Sticky brown clay		125	150	25
Brown clay		150	160	10
Sand		160	170	10
Sand	x	170	195	25
Claybrown		195	198	3
Sand	x	198	199	1
Brown clay		199	205	6
Sand	x	205	215	10
Brown Clay		215	220	5

Washoe County Well Permit # WL 050045
RECEIVED
MAY 09 2005
 STATE ENGINEER'S OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **220** Feet Depth Cased **220** Feet
 HOLE DIAMETER (BIT SIZE)
 From **11** Inches To **0** Feet **220** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	220

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 x 3**
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **220** feet

9. WATER LEVEL
 Static water level **63** 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 **4/20/2005**

Date started **4/14/2005** .19
 Date completed **4/19/2005** .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	50+		3