

OFFICE USE ONLY
 Log No. **98209**
 Permit No. _____
 Basin **φ 85**

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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. **55319**

1. OWNER **Stephanie Robarts**
 MAILING ADDRESS **4323 Banyan Ct. Sparks, NV 89436**
 ADDRESS AT WELL LOCATION **2325 LaJolla Ln. Spanish Springs**

2. LOCATION **NW 1/4 NE 1/4 Sec. 31 T 21N** N/S R **21E E** **Washoe** County
 PERMIT NO. _____ Issued by Water Resources Parcel No. **076-390-07** 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top soil		0	1	1
Boulders & brown clay		1	15	14
Broken volcanic rock		15	66	51
Brown volcanic rock		66	90	24
Reddish brown clay		90	115	25
Reddish brown volcanic rock		115	140	25
Brown volcanic rock		140	148	8
Broken brown volcanic rock		148	155	7
Brown volcanic rock		155	233	78
Purple volcanic rock		233	253	20
Reddish brown volcanic rock		253	284	31
Red sandy clay		284	306	22
Red broken volcanic rock		306	323	17
Brown broken volcanic rock		323	364	41
Brown hard volcanic rock		364	446	82
Brown clay		446	473	27
Brown volcanic rock		473	490	17
Light brown clay		490	535	45
Brown volcanic rock		535	579	44
Brown sandy clay		579	639	60
Soft zone		639	654	15
Brown sandy clay		654	667	13
Volcanic rock		667	678	11
Brown sandy clay		678	688	10
Soft zone		688	691	3
Brown sandy clay		691	740	49
Black volcanic clay		740	749	9

Continued on next page

8. WELL CONSTRUCTION
 Depth Drilled **825** Feet Depth Cased **825** Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 inches To 50 feet
 From 8 5/8 inches To 825 feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	825

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 x 3**
 From 760 feet to 820 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 **825** feet

9. WATER LEVEL
 Static water level **495** 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 **923**
 Signed *R. Bruce MacKay*
 By driller performing actual drilling on-site or contractor
 Date **9/23/2005**

Date started **9/14/2005** 19
 Date completed **9/23/2005** 19

7. WELL TEST DATA

TEST METHOD:	PUMP		Time (Hours)
	Draw Down (Feet Below Static)		
18+			3

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 STATE ENGINEER'S OFFICE

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

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WELL DRILLER'S REPORT

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 NOTICE OF INTENT NO. **55319**

1. OWNER **Stephanie Roberts** ADDRESS AT WELL LOCATION **2325 LaJolla Ln. Spanish Springs**
 MAILING ADDRESS **4323 Banyan Ct. Sparks, NV 89436**

2. LOCATION **NW 1/4 NE 1/4 Sec. 31 T 21N N/S R 21E E Washoe** County
 PERMIT NO. _____ Issued by Water Resources Parcel No. **076-390-07** 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fractured black volcanic rock		749	755	6
Black volcanic rock		755	776	21
Fractured rock	x	776	782	6
Black fractured volcanic rock		782	815	33
Brown sandy clay		815	825	10

Washoe County Well Permit # WL 050165

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

 Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: _____
 Depth of Seal _____
 Placement Method: Pumped Neat Cement
 Poured Cement Grout
 Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet
 9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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Date started **9/14/2005**, 19
 Date completed **9/23/2005**, 19

7. WELL TEST DATA

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

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 **922**
 Signed R. MacKay
 By driller performing actual drilling on-site or contractor
 Date **9/23/2005**