

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

OFFICE USE ONLY
 Log No. 98469
 Permit No. _____
 Basin 088

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. **55366**

1. OWNER **Bob Sader**
 MAILING ADDRESS 130 Del Mesa Circle
Reno, NV 89511
 ADDRESS AT WELL LOCATION 19440 Anne Lane

2. LOCATION SE 1/4 NW 1/4 Sec. 04 T 17N N/S R 20E E Washoe County
 PERMIT NO. 017-320-23 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
Coarse sand silt brown		0	20	20
Coarse sand gravel				
cobbles		20	60	40
Sand small gravel gray		60	80	20
Brown sand gravel DG		80	90	10
Sand gravel D.G.		90	140	50
Brown sand		140	155	15
Sand Gravel gray		155	160	5
Brown sand gray small gravel	x	160	210	50
Brown sand clay small gravel	x	210	240	30
Clay		240	258	18

Washoe County Well Permit # WL 050227

8. WELL CONSTRUCTION
 Depth Drilled 258 Feet Depth Cased 258 Feet

HOLE DIAMETER (BIT SIZE)
 From 11 Inches To 0 Feet
 To 258 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	258

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 x 3**
 From 160 feet to 240 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 100
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 200-258 feet

9. WATER LEVEL
 Static water level 10 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 9/27/2005, 19____
 Date completed 9/28/2005, 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	<u>30+</u>		<u>3</u>

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 10/4/2005

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 2005 OCT 10 AM 9:58
 STATE ENGINEERS OFFICE