

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 99864
 Permit No. _____
 Basin 089

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 55379

1. OWNER Cliff Helm ADDRESS AT WELL LOCATION 2940 Eagle Washoe
 MAILING ADDRESS 2940 Eagle Washoe Valley, NV 89704
 2. LOCATION NW 1/4 SE 1/4 Sec. 31 T 17N N/S R 20E E Washoe County
 PERMIT NO. 050-401-23 Parcel No. _____ 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Rusty weatherd granite		100	116	16
Weatherd granite some clay		116	144	28
Hard weatherd granite		144	156	12
Clay		156	157	1
Weatherd granite		157	169	12
Fracture	x	169	170	1
Weatherd granite		170	189	19
Soft zone some clay		189	190	1
Weatherd granite		190	206	16
Gray granite		206	248	42
Weatherd granite		248	255	7
Soft zone	x	255	261	6
Hard weatherd granite		261	290	29
Washoe County Well Permit # WL 050286				

8. WELL CONSTRUCTION
 Depth Drilled 290 Feet Depth Cased 290 Feet
 HOLE DIAMETER (BIT SIZE)
7 7/8 Inches From 100 Feet To 290 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	90	290

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 _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 68 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 2/3/2006

Date started 2/2/2006, 19____
 Date completed 2/3/2006, 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>10</u>	<u> </u>	<u>3</u>