

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. 100917
 Permit No. _____
 Basin 089

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **57816**

1. OWNER **Frank Tucker**
 MAILING ADDRESS **3110 River Ridge Rd. Arlington, TX 76017**
 ADDRESS AT WELL LOCATION **7400 Tunnel Creek Rd. Washoe Valley 89704**

2. LOCATION **SW 1/4 SW 1/4 Sec. 22 T 16N N/S R 19E E Washoe** County
 PERMIT NO. **73114** Issued by Water Resources Parcel No. **055-180-10** 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
Brown sandy clays		0	6	
D.G.		6	12	6
Soft rusty granite		12	16	4
Weatherd granite		16	60	44
Soft zone	x	60	63	3
Weatherd granite		63	85	22
Harder granite		85	135	50
Clay streak		135	137	2
Weatherd granite		137	147	10
Fracture	x	147	148	1
Weatherd granite		148	193	45
Hard gray granite		193	223	30
Fracture	x	223	224	1
Gray granite		224	235	11
Fracture	x	235	236	1
Gray granite		236	240	4
Fracture	x	240	247	7

8. WELL CONSTRUCTION
 Depth Drilled **247** Feet Depth Cased **247** Feet
 HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
10 5/8	0	100	Feet
9 7/8	100	247	Feet

 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	247

 Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 x 3**
 From **145** feet to **165** feet
 From **225** feet to **245** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Washoe County Well Permit # **WL 060164**
NAD 83
N39.23166
W 119.84303

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **247** feet

Date started **9/7/2006**, 19
 Date completed **9/11/2006**, 19

9. WATER LEVEL
 Static water level **27** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Cool** °F Quality **Not tested**

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	35		3

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 **9/12/2006**