

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

OFFICE USE ONLY
Log No. 101137
Permit No. _____
Basin Ø87

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. **56617**

1. OWNER **Shane Williams**
MAILING ADDRESS **2215 Solitude Dr. Reno, NV 89511**

ADDRESS AT WELL LOCATION **Desatoya Dr. Reno 2435 Whitey Creek Ln**

2. LOCATION **NE 1/4 NE 1/4 Sec. 30 T 18N N/S R 20E E Washoe** County

PERMIT NO. _____ Issued by Water Resources **142-242-01** 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
Cobbles boulders brown clay silt		0	100	100
Gray black cobbles boulders sand gravel		100	300	200
Gray black cobbles boulders sand gravel		300	380	80
Harder same		380	420	40
Hard fracture volcanic	x	420	440	20

Washoe County Permit # **WL 060106**

NAD 83
N39.40339
W119.78164

8. WELL CONSTRUCTION

Depth Drilled **440** Feet Depth Cased **440** Feet

HOLE DIAMETER (BIT SIZE)

	From	To		
11 Inches	0	100	Feet	Feet
9 7/8 Inches	100	440	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	440

Perforations:

Type perforation **Machine cut**

Size perforation **3/32 x 3**

From	feet to		feet
	300		320
	340		360
	380		400
	420		440

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 **440** feet

9. WATER LEVEL

Static water level **300** feet below land surface

Artesian flow _____ G.P.M. _____ P.S.I.

Water temperature **Cool** °F Quality **Not tested**

Date started **6/16/2006**, 19
Date completed **6/21/2006**, 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	15+		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 **1790**

Signed R. Bruce MacKay
By driller performing actual drilling on-site or contractor

Date **6/23/2006**