

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

OFFICE USE ONLY
 Log No. 101143
 Permit No. _____
 Basin 103

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. **56602**

1. OWNER Taylor Reynolds ADDRESS AT WELL LOCATION 5691 Camus Rd. Carson
 MAILING ADDRESS 5691 Camus Rd. Carson City, NV 89701

2. LOCATION SW 1/4 SE 1/4 Sec. 23 T 15N N/S R 20E E Carson County
 PERMIT NO. 010-112-07 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top soil		0	1	1
Brown Sandy Clays		1	26	25
Light Brown volcanic		26	33	7
Rusty brown volcanics		33	34	1
Light brown volcanic rock		34	90	56
Gray volcanic rock		90	112	22
Fracture volcanic rock	x	112	161	49
Gray volcanic rock		161	183	22
Fracture		183	188	5
Gray clay		188	190	2
Fracture	x	190	191	1
Gray volcanic rock		191	211	20
Fracture		211	212	1
Gray volcanic rock		212	250	38

E ϕ 266594
N 4336247
 NAD27

8. WELL CONSTRUCTION
 Depth Drilled 250 Feet Depth Cased 250 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0	50
9 7/8 Inches	50	169
8 1/8 Inches	169	250

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	169
5	10.79	.188	150	250

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3

From	To
120	160
190	210
230	250

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 169 feet

9. WATER LEVEL
 Static water level 105 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Hot °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 6/19/2006

Date started 6/14/2006 19____
 Date completed 6/16/2006 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>12</u>		<u>3</u>