

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

OFFICE USE ONLY
 Log No. 103783
 Permit No. _____
 Basin 688

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **59105**

1. OWNER **Martin Jaime** ADDRESS AT WELL LOCATION **20464 Temelec Way Reno**
 MAILING ADDRESS **20464 Temelec Way Reno NV. 89511** **Subdivision Name:** _____ **County:** **Washoe**

2. LOCATION **SE SW 1/4 Sec 5 T17N R20E** Latitude **39.36285 N** UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ **045-343-01** Longitude **119.76396 W** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen 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
Weatherd volcanic rock		274	323	49
Fractured rock	x	323	326	3
Black gray vol. rock	x	326	346	20
Fracture	x	346	347	1
Black & gray volc. rock	x	347	353	6
Fracture	x	353	355	2
Black to gray volc. rock	x	355	361	6
Fracture	x	361	363	2
Black to gray volc. rock	x	363	375	12

Date started: **3-17, 20 07**
 Date completed: **4-5, 20 07**

7. Water Level
 Static water level: **110** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **Warm** °F
 Quality: **Not tested**

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
Air			
Pump			

Draw Down (Feet Below Static) _____ Time (Hours) _____
 G.P.M. _____

20 **3**
15+ **40** **2**
22

9. WELL CONSTRUCTION
 Depth Drilled **375** Feet Depth Cased **375** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 .25 inches **274** Feet **375** Feet
 _____ inches _____ Feet _____ Feet
 _____ inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	175	375

Perforations:
 Type of perforation **mill slot**
 Size of perforation **3/32**
 From **315** feet to **375** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

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, Nevada 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 **4-9-07**