



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

OFFICE USE ONLY
 Log No. 103973
 Permit No. _____
 Basin 103

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. 59848

1. OWNER **Steve Luschar**
 MAILING ADDRESS **7101 Center Dr.**
NW SE Carson city NV. 89701
 ADDRESS AT WELL LOCATION **7101 Center Dr.**
Carson City
 Subdivision Name: _____ County: **Carson**

2. LOCATION SW 1/4 Sec 5 T14N R20E
 PERMIT/WAIVER NO. _____ Parcel No. **009-311-31**
 Issued by Water Resources

Latitude **39.10500** UTM E NAD 27
 Longitude **119.76059** N NAD 83/WGS 84

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
Sand		0	10	10
D.G.		10	20	10
D.G. sand		20	40	20
Sandy brown clay		40	50	10
D.G.		50	80	30
Gravels gray sand		80	90	10
Brown sand d.g.		90	110	20
Coarse d.g. gravel	X	110	200	90

N39.105102
W 119.759592 NAD27

2007 MAY 29 AM 11:32
 STATE ENGINEER OFFICE

9. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches 0 Feet 200 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>+2</u>	<u>200</u>

Perforations:
 Type of perforation **Machine cut**
 Size of perforation 3/32
 From 140 feet to 200 feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 100 Pumped Poured
 Type: 1/4 x 1/8

Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: 5/17, 20 07
 Date completed: 5/18, 20 07

7. Water Level
 Static water level: 28 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: Cool °F
 Quality: Not tested

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
<u>50+</u>			<u>3</u>

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 5/23/07