

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

OFFICE USE ONLY
 Log No. 104180
 Permit No. _____
 Basin 85

PRINT OR TYPE ONLY

N 39,642450
 W 119.663846
 NAD27

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

NOTICE OF INTENT NO. **59869**

1. OWNER **Bill Jukes**
 MAILING ADDRESS **2245 Piedras Dr. Sparks NV. 89436**
 2. LOCATION **nw 1/4 se 1/4 Sec 31 T21N/ R21E**
 PERMIT/WAIVER NO. **076-390-19**
Issued by Water Resources Parcel No. _____

ADDRESS AT WELL LOCATION **2245 Piedras Dr. Sparks**
 Subdivision Name: _____ County: **Washoe**
 Latitude **39.64234** UTM E _____ NAD 27
 Longitude **119.66485** 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top soil		0	2	2
Brown clay boulders		2	9	7
Brown sand		9	11	2
Brown clay gravel boulders		11	60	49
Brown sandy clay		60	70	10
Purple rock		70	93	23
Gray volcanic rock some clay		93	160	67
Brown clay		160	193	33
Red brown volcanic rock		193	223	30
Hard black & brown rock		223	318	95
Red & brown rock some clay		318	341	23
Brown volcanic rock		341	380	39
Brown rock clay		380	418	38
Brown volcanic rock	x	418	550	132
Red clay volcanic rock	x	550	573	23
Brown volcanic rock	x	573	583	10
Small fracture	x	583	585	2
Brown volcanic rock	x	585	590	5
Fracture	x	590	591	1
Brown volcanic rock		591	623	32

9. WELL CONSTRUCTION
 Depth Drilled **623** Feet Depth Cased **623** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **50** Feet
8 5/8 Inches **50** Feet **623** Feet
 _____ Inches _____ 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	623

Perforations:
 Type of perforation **Machine cut**
 Size of perforation **3/32**
 From _____ **538** feet to _____ **558** feet
 From _____ **578** feet to _____ **618** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement **0** to **55** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No **55** to **623** Pumped Poured
 Type: **1/4 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **7/5, 20 07**
 Date completed: **7/13, 20 07**

7. Water Level
 Static water level: **340** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **Cool** °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)

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
60+		3	

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 **7/13/07**