



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

OFFICE USE ONLY
 Log No. 105063
 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. 61444

1. OWNER Patricia A. Seeba ADDRESS AT WELL LOCATION 809 Pony Express Trail
 MAILING ADDRESS 809 Pony Express Trail Dayton
Dayton NV. 89403 Subdivision Name: _____ County: Lyon

2. LOCATION NE 1/4 SW 1/4 Sec 28 T17N R22E Latitude 39.30800 UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ 019-282-18 Longitude 119.52194 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
Brown sandy clay		0	11	11
Brown weathered granite sands		11	14	3
Brown sandy clay		14	63	49
Weathered granite sands		63	74	11
Brown sandy clay gravel		74	166	92
Soft zone fine sand	x	166	173	7
Brown sandy clay		173	180	7
Soft zone	x	180	197	17
Brown sandy clay		197	200	3

N 39.308103
W 119.520945 NAD83

9. WELL CONSTRUCTION

Depth Drilled 200 Feet Depth Cased 200 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches 0 Feet 50 Feet
9 7/8 Inches 50 Feet 200 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 Factory
 Size of perforation 3/32
 From 155 feet to 195 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 200 Pumped Poured
 Type: 1/4x1/8
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: 11/28, 20 07
 Date completed: 12/3, 20 07

7. Water Level

Static water level: 65 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:	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>30</u>	<u>06:11</u>	<u>00:37</u>

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 12/5/07