

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

OFFICE USE ONLY

Log No. 105240
 Permit No. _____
 Basin 105

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. **61443**

1. OWNER **William & Nancy Aten** ADDRESS AT WELL LOCATION **174 Nixon St. Genoa**
 MAILING ADDRESS **174 Nixon St. Genoa NV.** *Subdivision Name:* _____ *County:* **Douglas**

2. LOCATION **SE¼NE¼ Sec9T13N/ R19E** Latitude **39.00461** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **1319-09-602-033** Longitude **119.84830** 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
Broken volcanic rock		0	200	200
Gray clay		200	215	15
Broken volcanic rock		215	235	20
Broken volcanic rock clay		235	260	25
Broken volcanic rock		260	280	20
Brown clay		280	290	10
Broken volcanic rock		290	300	10

N39.004711
W 119.847301 NAD83

9. WELL CONSTRUCTION
 Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet 100 Feet
9 7/8 Inches	100 Feet 300 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	280
5	10.79	.188	272	300

Perforations:
 Type of perforation **Machine cut**
 Size of perforation **3/32**

From	To
180 feet to	200 feet
220 feet to	240 feet
260 feet to	300 feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

Material	From	To	Method
<input checked="" type="checkbox"/> Neat Cement	0	100	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	100	300	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: 1/4x1/8			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____			

Date started: **11/6, 20 07**
 Date completed: **11/13, 20 07**

7. Water Level
 Static water level: **135** 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:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	30	3
G.P.M. _____	_____	_____
_____	_____	_____
_____	_____	_____

2007 DEC 13 11:38

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 **1790**
 Signed *R. Bruce MacKay*
 By driller performing actual drilling on site or contractor
 Date **11/15/07**