

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

OFFICE USE ONLY

Log No. 105241  
 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. **60493**

1. OWNER **Dan Schwartz** ADDRESS AT WELL LOCATION **2883 Esaw St. Minden**  
 MAILING ADDRESS **570 Lakeshore Blvd. Incline Village NV. 89451** **Subdivision Name:** \_\_\_\_\_ **County: Douglas**

2. LOCATION **NE¼SW¼ Sec26T14N/ R20E** Latitude **39.04749** UTM E  NAD 27  
 PERMIT/WAIVER NO. **1420-26-301-028** Longitude **119.70885** 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
D.G. sand cobbles		0	60	60
D.G. sand gravel		60	100	40
D.G. sand clay gravel		100	170	70
Boulders & clay		170	225	55
Clay brown		225	230	5
Cobbles brown clay		230	250	20
Cobbles sand gray clay		250	285	35
Gray clay		285	310	25
Gray clay volcanic rock		310	350	40
Fractured rock sand clay		350	380	30
Volcanic rock clay tan	x	380	460	80
Brown clay		460	470	10
Volcanic rock fractured	x	470	480	10

*N 39.047591  
 W 119.707854 NAD22*

9. WELL CONSTRUCTION

Depth Drilled **480** Feet Depth Cased **480** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>12.25</b> Inches	<b>0</b> Feet <b>380</b> Feet
<b>9 7/8</b> Inches	<b>380</b> Feet <b>480</b> Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.92</b>	<b>.188</b>	<b>+2</b>	<b>480</b>

Perforations:

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

From	to
<b>380</b> feet	<b>480</b> feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Annular Seal:  Yes  No

Material	to	to	to
<input checked="" type="checkbox"/> Neat Cement	<b>0</b>	<b>50</b>	<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	<b>50</b>	<b>480</b>	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: <b>1/8 x 1/4</b>	_____	_____	_____
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____	_____	_____	_____

Date started: **10/15, 20 07**  
 Date completed: **10/24, 20 07**

7. Water Level

Static water level: **191** 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	<input checked="" type="checkbox"/> Air Lift
	Draw Down (Feet Below Static)		Time (Hours)
	<b>20+</b>	<b>30</b>	<b>3</b>

*2007 DEC 31 11:11 AM*

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 **11/06/07**