

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

OFFICE USE ONLY

Log No. 105242
 Permit No. _____
 Basin 083

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. 61440

1. OWNER **Kerry & Sherri Lawrence** ADDRESS AT WELL LOCATION **1540 Yellow Jacket**
 MAILING ADDRESS **4808 Hazelbrook ave** **VCH**
Longbeach Ca. 90808 **Subdivision Name:** _____ **County:** **Story**

2. LOCATION **NE¼NW¼ Sec31T18N/ R21E** Latitude **39.38726** UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ Longitude **119.67152** 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Multi color volcanic		0	27	27
Yellow clay		27	60	33
Black volcanic rock		60	92	32
Brown volcanic rock		92	99	7
Gray sandy clay		99	117	18
Gray volcanic rock		117	155	38
Gray sandy clay		155	161	6
Gray volcanic rock		161	323	162
Gray sandy clay		323	330	7
Gray volcanic rock		330	360	30
Gray clay		360	485	125
Hard gray volcanic		485	590	105
Softer volcanic rock		590	628	38
Gray volcanic rock		628	730	102
Volcanic rock some clay		730	1020	290
Volcanic rock		1020	1043	23
Soft zone	x	1043	1055	12
Gray volcanic rock		1055	1100	45

N39.387366
W 119.670520 NAD27

9. WELL CONSTRUCTION

Depth Drilled 1100 Feet Depth Cased 1090 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet <u>100</u> Feet
<u>8 5/8</u> Inches	<u>100</u> Feet <u>1100</u> 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>1090</u>

Perforations:

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

From 1024 feet to 1084 feet
 From _____ feet to _____ feet

Annular Seal: Yes No

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

Gravel Pack: Yes No 50 to 1100 Pumped Poured
 Type: 1/8x1/4

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

Date started: 10/15, 20 07
 Date completed: 11/5, 20 07

7. Water Level

Static water level: 890 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: Warm °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>10</u>	<u>88-111W 8-031100Z</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 11/7/07