

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

OFFICE USE ONLY

105243

Log No. _____
 Permit No. _____
 Basin Ø92A

NOTICE OF INTENT NO. **60499**

PRINT OR TYPE ONLY

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

1. OWNER **Russell Earl**
 MAILING ADDRESS **11400 Osage Rd**
NE **Reno NV. 89506**

ADDRESS AT WELL LOCATION **11400 Osage Rd.**
Reno

2. LOCATION **SE 1/4 SE 1/4 Sec 24 T21N R18E**
 PERMIT/WAIVER NO. **086-211-15**
Issued by Water Resources Parcel No.

Subdivision Name: _____ County: **Washoe**

Latitude **39.67105** UTM E _____ NAD 27
 Longitude **119.90501** 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 **mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand clay brown		134	180	46
Coarse sand		180	190	10
Brown clay		190	200	10
Coarse sand		200	220	20
Coarse sand small gravel	x	220	250	30
Clay & sand brown	x	250	260	10
Sand clay brown		260	284	24

Washoe County Permit
 WL 070162

*N 39.671162
 W 119.903999 NAD27*

*Deepening of log # 12560
 plugged by well log 118525
 replaced by well log 118524*

Date started: **10-30**, 20 **07**
 Date completed: **11-10**, 20 **07**

9. WELL CONSTRUCTION

Depth Drilled **284** Feet Depth Cased **284** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches **134** Feet **284** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	124	284

Perforations:
 Type of perforation **Machine cut**
 Size of perforation **3/32**
 From **224** feet to **264** 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 _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level

Static water level: **80** 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	25	11.1	3

88:1111W E-030100Z

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 **11/7/07**