

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

OFFICE USE ONLY

Log No. 108822
 Permit No. _____
 Basin 489

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. 64814

1. OWNER Eric & Jill Goodrich ADDRESS AT WELL LOCATION 2455 Brenda Way
 MAILING ADDRESS P.O. Box 44 Washoe Valley
New Almaden CA, 95042-0044 Subdivision Name: New Washoe
City Sub # 3 County: Washoe

2. LOCATION SW¼NE¼ Sec31T17N/ R20E Latitude 39.29846 UTM E NAD 27
 PERMIT/WAIVER NO. _____ Longitude 119.77614 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
Fill		174	177	3
Weatherd Granite		177	201	24
Fracture	x	201	203	2
Weatherd Granite		203	290	87
Gray Hard Granite		290	360	70
Small Fracture	x	360	361	1
Gray Hard Granite		361	400	39

9. WELL CONSTRUCTION
 Depth Drilled 400 Feet Depth Cased 400 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
5 1/2 Inches 177 Feet 400 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>164</u>	<u>400</u>

Washoe County Permit # WL090083
Deepening well log # 17553
39.298550°N
119.775122°W
NAD 27 (D)
 RECEIVED
 2009 SEP 28 AM 11:56
 STATE ENGINEERS OFFICE

Perforations:
 Type of perforation Factory
 Size of perforation 3/32x3
 From _____ 392 feet to _____ 372 feet
 From _____ 212 feet to _____ 192 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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: 86 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)
 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 09-3-09

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		
G.P.M. <u>20</u>		<u>3</u>