

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

OFFICE USE ONLY
 Log No. 110405
 Permit No. _____
 Basin 92B

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. **63667**

1. OWNER **Rob & Lee Anderson**
 MAILING ADDRESS **11745 Fir Dr. Reno NV. 89506**
 ADDRESS AT WELL LOCATION **11745 Fir Dr. Reno**
 Subdivision Name: Hepner Sub #4 County: Washoe
 2. LOCATION **SW 1/4 NE 1/4 Sec 15 T21N R19E**
 Latitude **39.68848** UTM E NAD 27
 Longitude **119.83727** N NAD 83/WGS 84
 PERMIT/WAIVER NO. **DOM-09-002** Parcel No. **080-383-01**
Issued by Water Resources

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	Thickness
Weatherd granite		200	205	5
Fracture	x	205	207	2
Weatherd granite		207	248	41
Fracture	x	248	251	3
Weatherd granite		251	267	16
Fracture		267	268	1
Hard weatherd granite		268	291	23
Fracture	x	291	293	2
Weatherd granite		293	302	9

Washoe Permit # 090022

Deepras Well Log # 29461

*39.688, 571°N NAD 83 D.D.
119.836, 244°W*

9. WELL CONSTRUCTION
 Depth Drilled **302** Feet Depth Cased **302** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches **200** Feet **302** 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	185	302

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**
 From **262** feet to **302** 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: **180** 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	Air Lift
AIR Pump	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
18	3		3
16	3		3

STATE ENGINEERS OFFICE
2009 APR - 7 AM 10:38
RECEIVED

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 **3/20/09**