

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

OFFICE USE ONLY
 Log No. 115330
 Permit No. _____
 Basin 089

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. 66461

1. OWNER **George Gillemot**
 MAILING ADDRESS **8414 Old US 395**
NE **Washoe Valley, NV 89704**

ADDRESS AT WELL LOCATION **4935 Old US 395**
Washoe Valley, NV 89704
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SE 1/4 NW 1/4 Sec 10 T16N R19E**
 Latitude **N39.26973** UTM E _____ NAD 27
 Longitude **W119.84005** N _____ NAD 83/WGS 84

PERMIT/WAIVER NO. **055-051-10**
 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
Black sand & silt		0	5	5
Grey sand & silt		5	20	15
Grey sand & silt w/ small gravel		20	40	20
Grey sand & silt		40	80	40
Grey sand & coarse sand, silt	X	80	260	180
Brown sand & silt		260	280	20
Grey sandy silt		280	400	120
Brown sand & silt	X	400	470	70
Clean DG		470	480	10
DG & light grey clay		480	520	40
DG & orange clay		520	530	10
Clean DG sands & brown clay	X	530	565	35
Grey silt		565	572	7
DG & sands	X	572	580	8
Coarse DG sands & light grey clay	X	580	680	100

9. WELL CONSTRUCTION
 Depth Drilled **680** Feet Depth Cased **680** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 1/4 Inches **0** Feet **680** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6"	12.92	.188	+3	578 680

Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 4 Triple row**
 From **578** feet to **678** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 25 to 5 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 105 to 25 Pumped Poured
 Gravel Pack: Yes No 105 to 678 Pumped Poured
 Type: **1/4 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Washoe County Permit # **WL110032**

* replaces original well log # **72812** which was plugged by nail # **67178**

Date started: **6-31, 20 11**
 Date completed: **7-7, 20 11**

7. Water Level
 Static water level: **10** 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)

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.			
75+			
Draw Down (Feet Below Static)			
3			
Time (Hours)			

Address **1600 Mt. Rose Hwy**
 (CONTRACTOR)
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board **23095**
 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 **07-11-11**