

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

OFFICE USE ONLY
 Log No. **86127**
 Permit No. _____
 Basin **092-B**

NOTICE OF INTENT NO. **47861**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER **Dan Cleous**
 MAILING ADDRESS **11630 Tupelo Reno, NV 89506**

ADDRESS AT WELL LOCATION **11630 Tupelo**

 N/S R **19E** E **Washoe** County

 Subdivision Name _____

2. LOCATION SE 1/4 NW 1/4 Sec. **22** T **21N**
 PERMIT NO. _____
 issued by Water Resources _____
080 301 11
 Parcel No. _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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	Thickness
Sand & Clay		128	131	3
Sand	X	131	137	6
Sand & Clay		137	142	5
Sand	X	142	144	2
Sand & Clay		144	147	3
Sand		147	151	4
Clay		151	155	4
Sand		155	159	4
Clay		159	170	11
Sand	X	170	198	28
Sandy Clay		198	205	7
Clay		205	210	5
Sand	X	210	213	3
Sandy Clay		213	215	2
Sand	X	215	217	2
Clay		217	218	1
Sand	X	218	228	10
Clay		228	230	2
Sand	X	230	240	10

8. WELL CONSTRUCTION
 Depth Drilled **240** Feet Depth Cased **240** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	128 Feet
Inches	Feet
Inches	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.97	.188	128	240

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 X 3**

From	To
180 feet	200 feet
220 feet	240 feet
feet	feet
feet	feet
feet	feet

Washoe county well permit # **WL020077**

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Surface Seal: Yes No
 Depth of Seal _____
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started **05/14/2002**, 19
 Date completed **05/15/2002**, 19

9. WATER LEVEL
 Static water level **69'** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cold** °F Quality **not tested**

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
air	30	90	1.5
air	25	70	1.5
air	25	50	1
Pump	10	11	2

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 **1719**
 Signed *R. Bruce MacKay*
 By driller performing actual drilling on-site or contractor
 Date **05/15/2002**