

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

OFFICE USE ONLY
 Log No. 99961
 Permit No. _____
 Basin φ85

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

NOTICE OF INTENT NO. **57402**

1. OWNER **Barbara Barclay** ADDRESS AT WELL LOCATION **635 Onyo Way Spanish Springs**
 MAILING ADDRESS **1255 Calla De La Plata Spanish Springs, NV 89436**

2. LOCATION **NW 1/4 NW 1/4 Sec. 20 T 21N N/S R 21E E Washoe County**
 PERMIT NO. **076-690-43** Issued by Water Resources Parcel No. _____ Subdivision Name _____

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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
D.G.		0	3	3
Fine sand		3	4	1
Brown sandy clay		4	14	10
D.G.		14	16	2
Brown sandy clay		16	121	105
Reddish brown volcanic rock some clay		121	133	12
Brown volcanic rock		133	161	28
Gray to black volcanic rock		161	196	35
Volcanic rock		196	291	95
Fracture rock		291	299	8
Black to gray volcanic rock		299	330	31
Gray volcanic rock		330	341	11
Black volcanic rock		341	355	14
Fracture		355	366	11
Black volcanic	x	366	405	39
Fracture		405	410	5
Granite volcanic rock	x	410	450	40
Washoe County Permit # WL 060086				

8. WELL CONSTRUCTION
 Depth Drilled **450** Feet Depth Cased **450** Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 50 Feet
10 5/8 Inches
 From 50 Feet To 450 Feet
8.5/8 Inches

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	450

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 x 3**
 From **300** feet to **320** feet
 From **360** feet to **380** feet
 From **420** feet to **440** feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal **50**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **50** feet to **450** feet

9. WATER LEVEL
 Static water level **260** 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 **5/17/2006**

Date started **5/10/2006**, 19
 Date completed **5/16/2006**, 19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	12.5		3