

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

OFFICE USE ONLY
 Log No. 101139
 Permit No. _____
 Basin 089

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. **57388**

1. OWNER Rebecca Jankovich ADDRESS AT WELL LOCATION South East corner of Clark Dr. & Magpie Way
 MAILING ADDRESS 761 Marsh Ave.
Reno, NV 89509

2. LOCATION NW 1/4 NW 1/4 Sec. 5 T 16N N/S R 20E E Washoe County
 PERMIT NO. _____ Issued by Water Resources 050-550-04 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top soil gravel		0	20	20
Sands gravels D.G.		20	80	60
Granite		80	215	135
Broken granite	x	215	240	25
Washoe County Well Permit # WL 060080				

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

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0	100
6 1/8 Inches	100	240

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	100
5	10.79	.188	89	240

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3

From	To
200 feet	240 feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 80 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 6/14/2006 _____ 19____
 Date completed 6/15/2006 _____ 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	<u>30+</u>		<u>3</u>

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 1790
 Signed R. Bruce Mackay
 By driller performing actual drilling on-site or contractor
 Date 6/19/2006