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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 57833

1. OWNER Frank Scharo Construction ADDRESS AT WELL LOCATION 495 Center ville Ln.
 MAILING ADDRESS P.O. Box 1225 Gardnerville
Minden, NV 89423

2. LOCATION NE 1/4 NW 1/4 Sec. 14 T 12N N/S R 19E E Douglas County
 PERMIT NO. 1219-14-001-005 Parcel No. _____ Subdivision Name _____
Issued by Water Resources

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	Thick-ness
Black sand DG.		0	4	4
DG.		4	65	61
Coarse DG.		65	75	10
Cobbles boulders		75	100	25
Compact DG.		100	120	20
Orange DG.		120	140	20
Sand		140	160	20
Compact DG.		160	180	20
DG. small gravel	x	180	220	40

Nad 83
 N 38.90773
 W 119.81762

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8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet

HOLE DIAMETER (BIT SIZE)
 From 11 Inches To 0 Feet 220 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	220

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

From 180 feet to 220 feet
 From _____ feet to _____ 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 100 feet to 220 feet

9. WATER LEVEL
 Static water level: 0 feet below land surface
 Artesian flow 15 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 1790

Signed R. Bruce Mackay
 By driller performing actual drilling on-site or contractor
 Date 10/13/2006

Date started 10/5/2006, 19____
 Date completed 10/6/2006, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Baller <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>30+</u>		<u>3</u>