

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

OFFICE USE ONLY
 Log No. 101658
 Permit No. _____
 Basin 787

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. **57805**

1. OWNER **Henrik Jorst**
 MAILING ADDRESS **2311 Diamond J. Reno, NV 89511**

ADDRESS AT WELL LOCATION **3003 Holcomb Ranch Rd.**

2. LOCATION **NE** 1/4 **NW** 1/4 Sec. **12** T **18N**
 PERMIT NO. **DOM-06025** Issued by Water Resources
040-650-03 Parcel No.

N/S R **19E** E **Washoe** County
 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	Thick-ness
Cobbles sand silt		0	20	20
Sand gravel		20	60	40
Sand gravel some brown clay		60	80	20
Brown clay		80	85	5
Sand gravel		85	110	25
More compact sand gravel brown clay	X	110	270	160
Brown clay		270	280	10
Washoe County Permit # WL 060145				
NAD 83				
N 39.44451				
W 119.80007				

8. WELL CONSTRUCTION

Depth Drilled **280** Feet Depth Cased **280** Feet
 HOLE DIAMETER (BIT SIZE)
 From **16.5** Inches To **0** Feet
 To **280** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	+2	280

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 x 3**
 From **140** feet to **260** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **100**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **280** feet

9. WATER LEVEL
 Static water level **20** 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 **1790**
 Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date **8/23/2006**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
300+		3