

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

OFFICE USE ONLY
 Log No. 102133
 Permit No. _____
 Basin 087

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. 57809

1. OWNER Lynn Bentson
 MAILING ADDRESS 4875 Rose Rock Ln.
Reno, NV 89511

ADDRESS AT WELL LOCATION 4875 Rose Rock Ln.

2. LOCATION NE SE 1/4 SE 1/4 Sec. 34 T 18N N/S R 19E E Washoe County
 PERMIT NO. _____
 Issued by Water Resources _____ Parcel No. 049-090-17 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	Thick-ness
On this date we abandoned a 6" x 276' well by perforating from 200' to 232' with a Mills Knife. We then pumped 3.25 cubic yards of neat cement mixed 5.2 gallons of water per sack, we pumped using tremie pipe from the bottom to the top of the well.				
Washoe county permit # WL060114				
NAD 83 N39.37714 W 119.82832				
39.377230 N 119.827298 W NAD27				

8. WELL CONSTRUCTION
 Depth Drilled 276 Feet Depth Cased 276 Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>276</u>

Perforations:
 Type perforation Mills Knife
 Size perforation Puncture

From	To
<u>200</u> feet to	<u>232</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

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

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 252 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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 2271
 Signed B. Bruce Mackay
 By driller performing actual drilling on-site or contractor
 Date 10/30/2006

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____