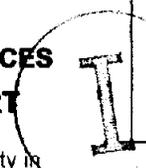


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY



Log No. 109215
 Permit No. _____
 Basin 087

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **59902**

1. OWNER **Craig Shumway**
 MAILING ADDRESS **15415 Fawn Ln. Reno NV 89511**

ADDRESS AT WELL LOCATION **15415 Fawn Ln.**
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **sw/4nw/4 Sec36T18N/ R19E**
 PERMIT/WAIVER NO. _____ **150-221-06**
Issued by Water Resources Parcel No.

Latitude **39.38415** UTM E _____ NAD 27
 Longitude **119.80577** N _____ NAD 83/WGS 84

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen 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
Sand gravel	x	150	195	45
Gray clay		195	200	5
Sand gravel cobbles		200	215	15
Fractured granite	x	215	235	20
Fractured granite softer		235	255	20
Fractured rock hars	x	255	265	10
Fractured broken rock		265	275	10

Washoe Permit WL070094

N 39.38425
W 119.804766 NAD27

9. WELL CONSTRUCTION
 Depth Drilled **275** Feet Depth Cased **275** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches **150** Feet **275** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	135	275

Perforations:
 Type of perforation **Machine cut**
 Size of perforation **3/32**
 From **175** feet to **195** feet
 From **215** feet to **235** feet
 From **255** feet to **265** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **7/10, 20 07**
 Date completed: **7/11, 20 07**

7. Water Level
 Static water level: **113** 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)

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
25+		3	

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 **7/13/07**