

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

OFFICE USE ONLY
 Log No. 104377
 Permit No. _____
 Basin 083

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. **61441**

1. OWNER **Tanju & Christy Sion**
 MAILING ADDRESS **2220 Lousetown Rd. Reno NV. 89521**
 ADDRESS AT WELL LOCATION **2220 Lousetown Rd. Reno**
 Subdivision Name: _____ County: **Storey**
 2. LOCATION **SE 1/4 NE 1/4 Sec 32 T18N R21E**
 Latitude **39.38290** UTM E _____ NAD 27
 Longitude **119.63876** N _____ NAD 83/WGS 84
 PERMIT/WAIVER NO. **003-072-01** Parcel No. _____
Issued by Water Resources

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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Tried to deepen 8 5/8" well with 8" bit. Hit obstruction at ~150'. Fished about 120' x 6 5/8" blank casing. Then fished about 16' x 6 5/8" torch cut perf from well. Tried to mill out and extract what ever remained in the well, but was unable to get more casing out. Installed 140' of 6 5/8" blank and 40' x 6 5/8" perf. in well. Has 2' blank bottom.				
-This well cannot be deepened- A new well will have to be drilled in the future.				
<u>N 39.383006</u> <u>W 119.637761 NAD27</u>				

9. WELL CONSTRUCTION
 Depth Drilled **297** Feet Depth Cased **297** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
8.00 inches **0** Feet **297** 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	135	297

Perforations:
 Type of perforation **Machine cut**
 Size of perforation **3/32**
 From **255** feet to **295** 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: _____

7. Water Level
 Static water level: **274** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **Cool** °F
 Quality: **Not tested**

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	10	81	3

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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 **923**
 Signed **Bruce MacKay**
 By driller performing actual drilling on site or contractor
 Date **10/16/07**