

STATE OF NEVADA *Well A*
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 116984
 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. 67202

1. OWNER **Kornstein Family Trust**
 MAILING ADDRESS **825 Lakeshore Blvd. Incline Village, NV 89431**
 ADDRESS AT WELL LOCATION **9011 Timothy Dr. Reno, NV 89511**
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SE 1/4 SW 1/4 Sec 1 T18 N R19 E**
 PERMIT/WAIVER NO. _____ 40-632-11
 Issued by Water Resources Parcel No. _____
 Latitude **39.44854** UTM E NAD 27
 Longitude **119.801585** N NAD 83/WGS 84

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other **Geo-Loops**

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
Top Soil		0	1	1
Brown Sandy Gravels W/ Boulders		1	46	45
Sand & Gravel		46	61	15
Brown Sandy Clay		61	73	12
Sand & Gravel		73	96	23
Sandy Brown Clay		96	138	42
Sand & Gravels, streaks of clay		138	161	23
Sand & Brown Clay		161	193	32
Soft Volcanic Sands		193	230	37
Sandy Clays		230	247	17
Brown Volcanic Rock		247	269	22
Brown Rusty Sandy Clays		269	300	31

Well #1
 Drilled & installed Geo-Loops
 1" HDPE Heat Loops
 Pressure Grouted from bottom to surface with
 14 bgs of High TC Grout
 52 bgs of sand

39.448629°N NAD27
 119.800562°W Dec/Deg

Date started: 1-23, 20 12
 Date completed: 1-24, 20 12

9. WELL CONSTRUCTION

Depth Drilled 300 Feet Depth Cased 299 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches 0 Feet 300 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1"		Geo-Loops	+5	299

Perforations:
 Type of perforation **NONE**
 Size of perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout 299 to 0 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: _____ feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: **not tested**

8. WELL TEST DATA

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

RECEIVED
 2012 FEB -2 AM 10:17
 STATE ENGINEER

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 **23095 23096**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **923**

Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date **01-30-12**