

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

OFFICE USE ONLY
 Log No. 64135
 Permit No. _____
 Basin _____

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. 29039

1. OWNER Lee Gardiner ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3025 Chipmunk
Carson City, NV 89704
 2. LOCATION SE 1/4 NE 1/4 Sec. 31 T 17N N/S R 20E E Washoe County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 050-383-03 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
We tagged bottom at 168'.				
Hard grey quartz		168	177	9
Green & grey quartz		177	184	7
Brown stained quartz	x	184	195	11
Grey quartz		195	205	10
Soft w/ stains	x	205	208	3
Grey quartz		208	237	29
Brown stained quartz	x	237	247	10
Grey quartz		247	277	30
See next line		277	282	5
Quartz & black granite w/ mica & stain				
Fracture		282	283	1
Fractured and softer	x	283	317	34
Fractured and Brown rock		317	341	26
Red stain rock		341	343	2
Grey quartz & black granite		343	365	22

8. WELL CONSTRUCTION
 Depth Drilled 365 Feet Depth Cased 365 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
6 1/8 Inches 168 Feet 365 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	155	365

Perforations:
 Type perforation Factory
 Size perforation 3/32 x 3"

From	feet to	feet
235	feet to	245
275	feet to	285
305	feet to	315
355	feet to	365
From _____	feet to _____	feet

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

9. WATER LEVEL
 Static water level 70 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality not tested

Date started 7/8/96, 19____
 Date completed 7/9/96, 19____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
15	160	2	

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 1719
 Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 7-11-96