

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 64483
 Permit No. _____
 Basin 087

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. **32020**

1. OWNER Pureline, Inc. dba Crystal Springs Water Co.
 MAILING ADDRESS 901 S. Center
Reno, NV 89501

ADDRESS AT WELL LOCATION
901 S. Center St.

2. LOCATION SW 1/4 NW 1/4 Sec. 13 T 19N
 PERMIT NO. 04573 (Vested claim) 011-334-13

N/S R 19E E Washoe County

Issued by Water Resources

Parcel No.

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 cemented the 12 3/4" casing by pressure grouting and also the 6 5/8" casing to 150'.				
See next line		0	17	17
Multi colored bldrs w/brown stain				
Brown clay		17	19	2
Boulders		19	35	16
Fine brown sand	x	35	37	2
Boulders	x	37	42	5
Sand	x	42	62	20
Brown clay		62	72	10
Hard pan clay		72	75	3
red rock w/boulders	x	75	82	7
See next line	x	82	90	8
Colored rock w/hard white rock				
See next line	x	90	95	5
Colored rock w/soft white rock				
Hard white rock		95	96	1
Colored rock-lost white rock	x	96	175	79
Fractures-losing fluid	xx	175	195	20
Brown clay-get full returns		195	200	5
Colored rock w/frac-firm	x	200	215	15
Multi colored soft rock	xxx	215	220	5
Firm & frac colored rock	xx	220	263	43
Soft & frac. colored rock	x	263	270	7
Brown clay		270	290	20

8. WELL CONSTRUCTION

Depth Drilled 290 Feet Depth Cased 252 Feet

HOLE DIAMETER (BIT SIZE)

From		To	
17"	Inches 0	Feet 78	Feet
10 5/8"	Inches 78	Feet 290	Feet
	Inches _____	Feet _____	Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12 3/4	33.38	.250	+1	75
6 5/8	17.02	.250	+4	252

Perforations:

Type perforation: Johnson screen

Size perforation: .050

From <u>222</u>	feet to <u>242</u>	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

Surface Seal: Yes No

Seal Type:

Depth of Seal 150

Neat Cement

Placement Method: Pumped

Cement Grout

Poured

Concrete Grout

Gravel Packed: Yes No

From 150 feet to 290 feet

9. WATER LEVEL

Static water level 3 feet below land surface

Artesian flow _____ G.P.M. _____ P.S.I.

Water temperature 60 °F Quality Clear

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 10-22-96

Date started 9/30/96, 19__
 Date completed 10/17/96, 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)	
<u>150</u>	<u>28</u>	<u>16 hrs</u>	