WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

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

OFFICE USE ONLY
Log No. 83779
Permit No.
Basin 87

NOTICE OF INTENT NO. 38062

1. OWNER Hamilton Homes
MAILING ADDRESS 910 Demos Court
Reno, NV 89512

ADDRESS AT WELL LOCATION 2300 Shadow Lane

2. LOCATION NW 1/4 NE 1/4 Sec. 34 T 20N N/S R 20E E Washoe County
PERMIT NO. Waiver R383 (Issued by Water Resources) | 030-010-11 (Parcel No.) | Subdivision Name

3. WORK PERFORMED
[ ] New Well [ ] Replace [ ] Recondition
[ ] Deepen [X] Abandon [ ] Other

4. PROPOSED USE
[X] Domestic [ ] Irrigation [ ] Test
[ ] Municipal/Industrial [ ] Monitor [ ] Stock

5. WELL TYPE
[ ] Cable [ ] Rotary [ ] RVC
[ ] Air [ ] Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
On this date we abandoned a 6" ID x 34' well. We tried to perforate the casing, but was unable to do so due to buildup of scale. We tried to pull the casing with 12,000 pull and was unable. We received waiver #R383 from State Division of Water Resources and plugged the well by filling with approximately 10 sacks of neat cement mixed at 5.3 gal/ft and pumped by tremie tube filling from bottom to top. We cut the top 3' off of the well casing.				

Date started 5/30/2001, 19__
Date completed 5/31/2001, 19__

7. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
____ Inches	____ Feet	____ 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	12.92	.250	0	34

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: [ ] Yes [X] No
Depth of Seal
Placement Method: [X] Pumped [ ] Poured
Seal Type: [X] Neat Cement [ ] Cement Grout [ ] Concrete Grout

Gravel Packed: [ ] Yes [X] No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 11' feet below land surface
Artesian flow G.P.M. P.S.I.
Water temperature °F Quality

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 5/31/01

USE ADDITIONAL SHEETS IF NECESSARY