

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

OFFICE USE ONLY
 Log No. 91620
 Permit No. _____
 Basin 089

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. **48783**

1. OWNER Rich Shock ADDRESS AT WELL LOCATION 140 W. Guffey Dr.
 MAILING ADDRESS 140 W. Guffey Dr.
Washoe Valley, NV 89704

2. LOCATION SW 1/4 SW 1/4 Sec. 30 T 17N N/S R 20E E Washoe County
 PERMIT NO. _____ Parcel No. 050-293-04 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 Mud

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--------------------------|--------------|------|-----|------------|
| Sandy topsoil | | 0 | 6 | 6 |
| Gray sand & DG. | | 6 | 40 | 34 |
| Coarse sand & pea gravel | X | 40 | 130 | 90 |
| Gray Clay | | 130 | 136 | 6 |

Washoe County Well Permit # WL030119

8. WELL CONSTRUCTION
 Depth Drilled 136 Feet Depth Cased 136 Feet

HOLE DIAMETER (BIT SIZE)

| Inches | From | To | Feet |
|--------------|----------|------------|------|
| <u>12.25</u> | <u>0</u> | <u>136</u> | Feet |
| _____ | _____ | _____ | Feet |
| _____ | _____ | _____ | Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>12.92</u> | <u>.188</u> | <u>+2</u> | <u>136</u> |

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 X 3

| From | To | Feet |
|-----------|------------|------|
| <u>86</u> | <u>126</u> | feet |
| _____ | _____ | feet |

Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 50' feet to 136' feet

9. WATER LEVEL
 Static water level 30' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

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 6/17/03

Date started 6/5/2003 19____
 Date completed 6/6/2003 19____

7. WELL TEST DATA

| TEST METHOD: | Draw Down (Feet Below Static) | Time (Hours) |
|--|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | <u>40+</u> | <u>5</u> |

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