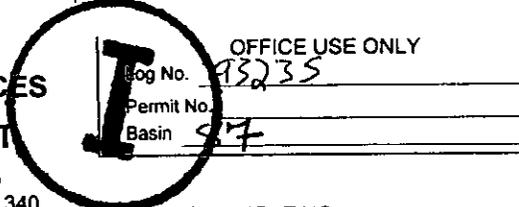


STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**



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. **54491**

1. OWNER **Rodger Parkinson**  
 MAILING ADDRESS **5295 Cedarwood Reno, NV 89511**  
 ADDRESS AT WELL LOCATION **5885 Mt. Rose Hwy. Reno**

2. LOCATION **NE** 1/4 **SW** 1/4 Sec. **26** T **18N** N/S R **19E** E **Washoe** County  
 PERMIT NO. **150-260-09**  
 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 **mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand & gravel		231	235	4
Volcanic rock gravel		235	255	20
Volcanic rock black & gray		255	395	140
Volcanic rock rainbow colors	x	395	415	20
Volcanic rock black & gray	x	415	455	40
Volcanic rock rainbow colors	x	455	468	13

Washoe county well permit # **WL040034**

**RECEIVED**  
**04 MAY 18 AM 10:27**  
**STATE ENGINEERS OFFICE**

8. WELL CONSTRUCTION  
 Depth Drilled **468** Feet Depth Cased **468** Feet

HOLE DIAMETER (BIT SIZE)  
**7 7/8** Inches From **231** Feet To **468** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>5</b>	<b>10.78</b>	<b>.188</b>	<b>-10</b>	<b>468</b>

Perforations:  
 Type perforation **Machine cut**  
 Size perforation **3/32 x 3**

From <b>408</b> feet to <b>468</b> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal:  Yes  No  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **30** feet to **468** feet

9. WATER LEVEL  
 Static water level **178** 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 **2010**  
 Signed *R. Bruce MacKay*  
 By driller performing actual drilling on-site or contractor  
 Date **5/17/2004**

Date started **4/20/2004**, 19  
 Date completed **4/23/2004**, 19

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<b>33</b>		<b>3</b>