

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

OFFICE USE ONLY
 Log No. 33615
 Permit No. 87
 Basin 87
 NOTICE OF INTENT NO. 52172

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

1. OWNER Nabil Wehbe ADDRESS AT WELL LOCATION 4090 LaMay La.
 MAILING ADDRESS 4090 LaMay Ln.
Reno, NV 89511

2. LOCATION SE 1/4 SE 1/4 Sec. 11 T 18N N/S R 19E E Washoe County
 PERMIT NO. 040-491-31 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	Thickness
Brown clay		0	70	70
Gravel Rock		70	80	10
Coarse sand rock pee gravel		80	135	55
Brown coarse sand large gravel	x	135	175	40
Purple volcanic hard rock		175	205	30
Red volcanic rock gravel	x	205	215	10
Green & tan sandy clay pee gravel	x	215	295	80
Washoe County Well Permit # WL 040130				

8. WELL CONSTRUCTION
 Depth Drilled 295 Feet Depth Cased 295 Feet

HOLE DIAMETER (BIT SIZE)

	From	To		
<u>10 5/8</u> Inches	<u>0</u> Feet	<u>100</u> Feet		
<u>9 7/8</u> Inches	<u>100</u> Feet	<u>295</u> 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>295</u>

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

From	feet to	feet
<u>126</u>	<u>146</u>	<u>146</u>
<u>246</u>	<u>286</u>	<u>286</u>

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 100 feet to 295 feet

9. WATER LEVEL
 Static water level 89 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 6/10/2004, 19____
 Date completed 6/14/2004, 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	<u>100+</u>		<u>3</u>

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 6/15/2004

RECEIVED
 04 JUL 15 AM 11:08
 STATE ENGINEERS OFFICE