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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. 53684

1. OWNER Tim Rhyme ADDRESS AT WELL LOCATION 15395 Willowbrook Ln.
 MAILING ADDRESS 15395 Willowbrook Ln.
Reno, NV 89511

2. LOCATION NW 1/4 NW 1/4 Sec. 2 T 17N N/S R 19E E Washoe County
 PERMIT NO. 45-533-05 Parcel No. _____ Subdivision Name _____
Issued by Water Resources

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 |
|--------------------------------------|--------------|------|-----|------------|
| Gray coarse sand mixed with boulders | x | 166 | 195 | 29 |
| Gray & brown coarse sand mixed rock | x | 195 | 275 | 80 |
| Gray and brown coarse sand | x | 275 | 295 | 20 |
| Gray sand mixed rock boulders | x | 295 | 315 | 20 |
| Rock gray coarse sand | x | 315 | 345 | 30 |
| Coarse sand mixed boulders | x | 345 | 357 | 12 |

Washoe County Well Permit # WL 040236

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8. WELL CONSTRUCTION
 Depth Drilled 357 Feet Depth Cased 357 Feet

HOLE DIAMETER (BIT SIZE)

| | From | To |
|---------------------|-----------------|-----------------|
| <u>6 1/8</u> Inches | <u>166</u> Feet | <u>357</u> Feet |
| _____ Inches | _____ Feet | _____ Feet |
| _____ Inches | _____ Feet | _____ Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>5</u> | <u>10.79</u> | <u>.188</u> | <u>137</u> | <u>357</u> |

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

| From | To |
|--------------------|-----------------|
| <u>317</u> feet to | <u>357</u> feet |
| _____ feet to | _____ feet |
| _____ feet to | _____ feet |
| _____ feet to | _____ feet |
| _____ 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level 158 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 9/27/2004

Date started 9/20/2004, 19
 Date completed 9/23/2004, 19

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|-----------|-------------------------------|----------------------------|
| <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | <u>15</u> | <u>STATE ENGINEERS OFFICE</u> | <u>04 OCT - 4 PM 12:16</u> |
| | | | RECEIVED |