

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 94632
 Permit No. _____
 Basin 93

NOTICE OF INTENT NO. 52182

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

1. OWNER Denny Dollarhide ADDRESS AT WELL LOCATION 3239 Antelope Valley Rd.
 MAILING ADDRESS 12360 Camel Rock Dr.
Reno, NV 89506

2. LOCATION NW 1/4 SE 1/4 Sec. 11 T 22N N/S R 19E E Washoe County
 PERMIT NO. 079-500-57 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Topsoil		0	1	1
Brown sandy clay		1	12	11
Soft zone fine sand		12	14	2
Brown sandy clay		14	40	26
Granite sands		40	41	1
Brown sandy clay		41	85	44
Soft zone		85	89	4
Soft brown sandy clay		89	130	41
Soft zone sand	x	130	190	60
Brown sandy clay		190	200	10

Washoe County Well Permit # WL 040179

RECEIVED
 04 JUL 28 AM 10:53
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>10 5/8</u> Inches	<u>0</u> Feet	<u>50</u> Feet
<u>8 3/4</u> Inches	<u>50</u> Feet	<u>200</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>200</u>

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

From	To
<u>160</u> feet to	<u>200</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 _____
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From 50 feet to 200 feet

9. WATER LEVEL
 Static water level 98 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 7/20/2004, 19____
 Date completed 7/23/2004, 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>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 923

Signed R. Bruce Mackay
 By driller performing actual drilling on-site or contractor
 Date 7/26/2004