

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

OFFICE USE ONLY
 Log No. 96003
 Permit No. _____
 Basin 87

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.040

NOTICE OF INTENT NO. **53982**

1. OWNER Scott & Pamela Stahl ADDRESS AT WELL LOCATION 15866 Fawn Lane, Reno
 MAILING ADDRESS 15866 Fawn Lane
Reno, NV 89511

2. LOCATION SW 1/4 SW 1/4 Sec. 36 T 18N N/S R 19E E Washoe County
 PERMIT NO. 150-242-06 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 & rainbow colored gravel		138	146	8
Rainbow gravel & red sand		146	166	20
Gravel, sand, volcanic rock		166	168	2
Peagravel & brown coarse sand		168	175	7
Large rainbow colored gravel & volcanic rock		175	185	10
Brown sand, volcanic rock, multi colored large rock		185	188	3
Brown sand, volcanic rock, large rock		188	195	7
Large rock, brown sand volcanic rock	X	195	204	9

8. WELL CONSTRUCTION
 Depth Drilled 204 Feet Depth Cased 204 Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
6 1/8 Inches	134 Feet	204 Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	134	204

Perforations:
 Type perforation Factory Cut
 Size perforation 3/32" X 3"
 From 144 feet to 204 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level 118 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 2205
 Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 3/4/2005

Washoe County Permit # WL040346
RECEIVED
05 APR -5 AM 11:55
STATE ENGINEERS OFFICE

Date started 2/28/2005, 19
 Date completed 3/3/2005, 19

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>27.5</u>		<u>2 hrs</u>