

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

OFFICE USE ONLY
 Log No. 99836
 Permit No. _____
 Basin 289

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. **54712**

1. OWNER Gary Michealree ADDRESS AT WELL LOCATION 4870 Grays Starlight Ct.
 MAILING ADDRESS 2184 Canyon Vista Dr. Washoe Valley
Sparks, NV 89436

2. LOCATION SE 1/4 SE 1/4 Sec. 08 T 16N N/S R 20E E Washoe County
 PERMIT NO. _____ Parcel No. 050-490-02 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
DG. sand little gravels		0	120	120
DG.	x	120	220	100
Gray clay		220	260	40
Gray and brown clay		260	280	20
DG. brown clay		280	300	20
DG.	x	300	320	20
DG. fractured granite	x	320	380	60

Washoe County Well Permit # WL050185

8. WELL CONSTRUCTION
 Depth Drilled 380 Feet Depth Cased 380 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0	140
6 1/8 Inches	140	380

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	140
5	10.79	.188	120	380

Perforations:
 Type perforation Machine cut air perforator
 Size perforation 3/32 x 3 & puncture

From	To
80 feet	180 feet
300 feet	380 feet
feet	feet
feet	feet
feet	feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 140 feet

9. WATER LEVEL
 Static water level 65 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 1/3/2006 .19
 Date completed 1/9/2006 .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>20</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 1790

Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 1/11/2006