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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. 55370

1. OWNER Susan Broili Kamesch ADDRESS AT WELL LOCATION 2210 Wildflower  
 MAILING ADDRESS 2210 Wildflower  
Washoe Valley, NV 89704

2. LOCATION SW 1/4 NE 1/4 Sec. 31 T 17N N/S R 20E E Washoe County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources Parcel No. 050-385-29 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 \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Gray granite		251	290	39
Soft zone		290	291	1
Gray granite		291	415	124
Small fracture	X	415	416	1
Gray granite		416	538	122
Fracture		538	539	1
Gray granite		539	595	56
Fracture	X	595	597	2
Gray granite		597	625	28
<u>Washoe County Well Permit # WL 050289</u>				
<u>2 wells on this property, other well being plugged under NDI 55371</u>				

8. WELL CONSTRUCTION  
 Depth Drilled 625 Feet Depth Cased 625 Feet  
 HOLE DIAMETER (BIT SIZE)  
6 1/8 Inches From 251 Feet To 625 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>85</u>	<u>625</u>

Perforations:  
 Type perforation Machine cut  
 Size perforation 3/32 x 3  
 From 400 feet to 420 feet  
 From 580 feet to 620 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

9. WATER LEVEL  
 Static water level 46 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 923  
 Signed R. Bruce MacKay  
 By driller performing actual drilling on-site or contractor  
 Date 1/11/2006

Date started 1/4/2006, 19  
 Date completed 1/10/2006, 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 type="checkbox"/> Air Lift	<u>60+</u>		<u>3</u>