

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

OFFICE USE ONLY
 Log No. 101106
 Permit No. _____
 Basin 087
 NOTICE OF INTENT NO. 56402

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

1. OWNER John Long ADDRESS AT WELL LOCATION 5030 Pleasant View
 MAILING ADDRESS 5030 Pleasant View
Sparks, NV 89434

2. LOCATION NW 1/4 NW 1/4 Sec. 1 T 19N N/S R 20E E Washoe County
 PERMIT NO. DOM 06-002 Parcel No. 30-203-03 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
Brown to gray volcanic rock		425	465	40
Fracture	X	465	466	1
Brown & gray volcanic rock		466	504	38
Fracture	X	504	505	1
Gray black volcanic rock		505	530	25
Fracture	X	530	539	9
Gray black volcanic rock	X	539	552	13

Washoe County Permit # WL 060034

8. WELL CONSTRUCTION
 Depth Drilled 552 Feet Depth Cased 552 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
6 1/8 Inches	425 Feet	552 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	392	552

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

From	To
492 feet	552 feet
feet	feet
feet	feet
feet	feet
feet	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 325 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 5/2/2006, 19
 Date completed 5/3/2006, 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 checked="" type="checkbox"/> Air Lift	30+		3

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 5/4/2006

2008 MAY 12 AM 11:38

11