

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

OFFICE USE ONLY

Log No. 101662
 Permit No. _____
 Basin 092A

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. **57786**

1. OWNER **H&E Construction**
 MAILING ADDRESS **733 E. Glendale Sparks, NV 89431**
 ADDRESS AT WELL LOCATION **11562 Osage Rd.**

2. LOCATION ~~SE~~ **NE** 1/4 **NE** 1/4 Sec. **24** T **21N** N/S R **18E** E **Washoe** County
 PERMIT NO. **086-231-12** 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	Thickness
Top soil		0	1	1
Brown sandy clays		1	9	8
Sand & gravel		9	15	6
Brown sandy clays some gravel		15	51	36
Brown sandy clay		51	99	48
Soft zone		99	102	3
Brown sandy clays		102	139	37
Soft zone		139	143	4
Brown clay with granite sands		143	160	17
Soft zone		160	166	6
Brown clay with granite sands		166	211	45
Soft zone	x	211	215	4
Brown sandy clay		215	239	24
Soft zone	x	239	242	3
Brown sandy clay		242	249	7
Soft zone	x	249	263	14
Brown sandy clay		263	265	2
Soft zone	x	265	271	6
Brown clay		271	280	9

Washoe County Well Permit # **WL 060122**
 NAD 83
 N 39.67693
 W 119.90540

8. WELL CONSTRUCTION
 Depth Drilled **280** Feet Depth Cased **280** Feet
 HOLE DIAMETER (BIT SIZE)
 From **0** Feet To **280** Feet
10 5/8 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	280

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 x 3**
 From **119** feet to **215** feet
 From **235** feet to **275** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal **52** _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From **52** feet to **280** feet

9. WATER LEVEL
 Static water level **115** 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 **8/22/2006**

Date started **8/14/2006**, 19____
 Date completed **8/18/2006**, 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	25		3