

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

OFFICE USE ONLY
 Log No. 103205
 Permit No. _____
 Basin 087

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. **57381**

1. OWNER **Tom Cronn**
 MAILING ADDRESS **4775 Mt. Rose Hwy Reno, NV 89511**
 ADDRESS AT WELL LOCATION **4775 Mt. Rose Hwy Reno**

2. LOCATION **SE 1/4 SW 1/4 Sec. 25 T 18N** N/S R **19E** E **Washoe** County
 PERMIT NO. **DOM 05-008** Issued by Water Resources **150-021-10** 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Soft weathrd granite		242	253	11
Soft zone	X	253	255	2
Weatherd granite		255	286	31
Soft zone	X	286	288	2
Weatherd granite		288	306	18
Soft zone		306	310	4
Weatherd granite		310	358	48
Soft zone	X	358	360	2
Weatherd granite		360	388	28
Soft zone	X	388	390	2
Weatherd granite		390	400	10

Washoe County Permit # WL 060002
 NAD 83
 N 39.39138
 W 119.80172

DOM 05-008

*N 39.391487
 W 119.800716 NAD22*

8. WELL CONSTRUCTION
 Depth Drilled **400** Feet Depth Cased **400** Feet

HOLE DIAMETER (BIT SIZE)
 From **6 1/8** Inches To **400** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	230	400

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

From	335	feet to	395	feet
From		feet to		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

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **218** 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 **2/9/2007**

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

Date started **2/5/2007**, 19
 Date completed **2/7/2007**, 19