

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 104141
 Permit No. _____
 Basin 085

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. **53733**

1. OWNER **Justin Bonca**
 MAILING ADDRESS **580 Capistrano Circle Sparks, NV 89441**
 ADDRESS AT WELL LOCATION **580 Capistrano Circle Sparks, NV 89441**

2. LOCATION **NW 1/4 SW 1/4 Sec. 18 T N21 N/S R ~~20~~ 21 E Washoe** County
 PERMIT NO. **07685-360-73**
 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Granite		575	600	25
Fractured Granite		600	620	20
Granite		620	675	55
Fractured Granite		675	700	25
Granite		700	750	50
Fractured Granite		750	775	25
GPS - N39 41.071 ft W119 40.502 ft <i>WGS 84</i>				
<i>N 39.684627</i>				
<i>W 119.674029 NAD27</i>				
2007 JUN -7 AM 10:58 STATE DEPARTMENT OF P.C.				

8. WELL CONSTRUCTION
 Depth Drilled **290 775** Feet Depth Cased **220 775** Feet
 HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
6 1/8	Inches	575	Feet	775
	Inches		Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5 9/16		.188	555	775

Perforations:
 Type perforation **Factory**
 Size perforation _____
 From **775** feet to **775** feet
 From **695** feet to **715** feet
 From **595** feet to **615** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level **526** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Cold** °F Quality **Good**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **A.S.A.P. Pump & Well Service, LLC** Contractor
 Address **P.O. Box 60130** Contractor
Reno, NV 89506
 Nevada contractor's license number issued by the State Contractor's Board **1509/2121**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **35387C**
 Signed *Randy Welch*
 By driller performing actual drilling on-site or contractor
 Date **6/1/2007**

Date started **5/17/2007** _____ 19
 Date completed **5/24/2007** _____ 19

7. WELL TEST DATA

TEST METHOD:	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	3.5	775	1 Hr
	2.8	675	1 Hr
	2.8	600	1 Hr
	7	550	1 Hr