

OFFICE USE ONLY
 Log No. 81147
 Permit No. _____
 Basin 87

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. 44106

1. OWNER Washoe Kenstone Partnership ADDRESS AT WELL LOCATION MW-1001 West 4th Street Reno, NV 89503
 MAILING ADDRESS 1155 W. 4th St. #225 Reno, NV 89503
 2. LOCATION NE 1/4 SE 10 T. 19 N. R. 19 E Washoe County
 PERMIT NO. N/A 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 | Thickness |
|--------------------------------------|--------------|------|----|-----------|
| <u>ABANDONED WELL</u> | | | | |
| <u>attempted to pull well</u> | | | | |
| <u>broke at cap</u> | | | | |
| <u>grouted well w/ slurry cement</u> | | | | |
| <u>and capped w/ concrete</u> | | | | |
| <u>well was 30' deep.</u> | | | | |
| <u>water @ 25' depth.</u> | | | | |

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>2</u> | | | <u>0</u> | <u>30</u> |

 Perforations:
 Type perforation sifted
 Size perforation .070
 From _____ feet to _____ feet
 From 20 feet to 30 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

Date started June 22, 2000
 Date completed June 22, 2000

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 type="checkbox"/> Air Lift | | | |
| | | | |
| | | | |
| | | | |

9. WATER LEVEL
 Static water level 25 ft feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Dale Lehman Contractor
 Address Pezonella Associates Contractor
520 Edison Wy; Reno, NV 89502
 Nevada contractor's license number _____
 issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1976
 Signed 8/5/00 Dale A. Lehman
 By driller performing actual drilling on site or contractor
 Date 8/5/00