

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

OFFICE USE ONLY
 Log No. 92927
 Permit No. _____
 Basin 92B

NOTICE OF INTENT NO. **51623**

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 Domina** ADDRESS AT WELL LOCATION **Alicia Way**
 MAILING ADDRESS **849 Ridgefield** 2085
Carson City, NV 89706

2. LOCATION **SE** 1/4 **SE** 1/4 Sec. **35** T **21N** N/S R **19E** E **Washoe** County
 PERMIT NO. **080-730-26** Parcel No. _____ Subdivision Name _____
 Issued by Water Resources

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
Top soil		0	1	1
Brown sandy clay		1	3	2
DG		3	19	16
Gray granite		19	43	24
DG.		43	78	35
Soft zone		78	81	3
soft dg some clay		81	144	63
Green granite		144	230	86
Fractured granite	x	230	231	1
Gray granite		231	265	34
Fractured granite	x	265	267	2
Gray granite		267	329	62
Soft granite		329	366	37
Dg. some clay		366	373	7
Dg.		373	394	21
Fractured granite	x	394	442	48
Gray granite		442	462	20
Fractured granite	x	462	472	10

8. WELL CONSTRUCTION
 Depth Drilled **472** Feet Depth Cased **472** Feet

HOLE DIAMETER (BIT SIZE)
 From **9 7/8** Inches To **0** Feet **472** 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	472

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

From	200 feet to	210 feet
From	260 feet to	270 feet
From	384 feet to	389 feet
From	427 feet to	467 feet
From	_____ feet to	_____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **50** feet to **472** feet

9. WATER LEVEL
 Static water level **149** 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 **3/16/04**

Washoe county well permit # **WL 040048**

RECEIVED
 04 APR - 5 AM 11:51
 STATE ENGINEERS OFFICE

Date started **3/10/2004**, 19____
 Date completed **3/16/2004**, 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		
	12		3