



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

OFFICE USE ONLY
 Log No. 103844
 Permit No. _____
 Basin 891

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. **53726**

1. OWNER **Tim Coan**
 MAILING ADDRESS **260 Mohogany Canyon Rd. Verdi, NV 89523**
 ADDRESS AT WELL LOCATION **1055 E. Kit Carson Dr. Verdi, NV 89523**

2. LOCATION **NE** 1/4 **NW** 1/4 Sec. **17** T **N19** N/S R **E18** E **WASHOE** County
 PERMIT NO. **038-074-44** Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE
 Cable Rotary RVC Air Other **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
DG & ROCK		0	10	10
BOULDERS & GRANITE		10	148	138
BLACK CLAY		148	180	32
BLACK & GREEN CLAY		180	200	20
GRAY & GREEN CLAY		200	280	80
GREEN & RED CLAY		280	390	110
BLACK BASALT		390	420	30
GREEN & WHITE CLAY		420	520	100
WHITE, PURPLE & GRAY ROCK		520	620	100
T.D. 620				
GPS - N39 31.077 ft				
W119 58.973 ft	WGS84			
N39.518061				
W119.981873	NAD27			

8. WELL CONSTRUCTION
 Depth Drilled **620** Feet Depth Cased **620** Feet
 HOLE DIAMETER (BIT SIZE)
 11 Inches From 0 Feet To 160 Feet
 8-3/4 Inches From 160 Feet To 620 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	17 LBS	188	+2	620

Perforations:
 Type perforation **FACTORY SAWED**
 Size perforation **3/32 X 3**
 From **580** feet to **620** feet
 From **400** feet to **420** feet

Surface Seal: Yes No
 Depth of Seal **50'**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **620** feet to **50** feet

9. WATER LEVEL
 Static water level **200** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °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 **35387-C**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2187**
 Signed *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **5/23/2007**

Date started **4/20/2007**, 19____
 Date completed **5/7/2007**, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	30	620	3 HRS
	28	520	1 HRS
	10	400	1 HRS

STATE ENGINEER OFFICE
 2007 JUN -7 AM 10:54
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