

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

Log No. _____
 Permit No. _____
 Basin. 057

NOTICE OF INTENT NO. 62590

1. OWNER JEROME LA FRENIERE ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS SAME 13875 SAGE HILL RD
RENO NV. 89511
 2. LOCATION NE 1/4 SW 1/4 Sec 21 T 18 N/S R 20 E WASHOE County _____
 PERMIT NO. _____ Parcel No. 16-410-21 16-411-17 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	Thickness
<u>ABANDON</u>				
<u>7-11 PUMP REMOVE PITLESS</u>				
<u>CLEAN 76' TO 84'</u>				
<u>PERFORATE 50' TO 84'</u>				
<u>INSTALL TREMIE PIPE</u>				
<u>7-15 PUMP NEAT CEMENT</u>				
<u>CAT. N 59° 24 506</u>				
<u>LOGS W 119° 44 750</u>				
<u>Plugging of log # 32033</u>				
<u>QUALITY POOR - WARM WATER</u>				
<u>HOOKED INTO CITY WATER</u>				
<u>N 39.409540</u>				
<u>W 119.745498 NAD27</u>				

8. WELL CONSTRUCTION
 Depth Drilled 84' Feet Depth Cased 84' 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>0 7/8</u>		<u>.156</u>	<u>43'</u>	<u>84'</u>

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

9. WATER LEVEL
 Static water level 23 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7-11, 2008
 Date completed 7-15, 2008

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name BURROUGHS PUMP & WELL Contractor
 Address 12000 30 VIRGINIA ST. Contractor
RENO NV. 89511
 Nevada contractor's license number 5092D issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, on-site driller 890
 Signed Randy Bridges
 By driller performing actual drilling on site or contractor
 Date 7-17-08