

WRITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 115578
Permit No. 50472
Basin 092B

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.

1. OWNER *Wells Park* ADDRESS AT WELL LOCATION *9660 N. Virginia St., Reno N.V. 89506*
MAILING ADDRESS *9660 N. Virginia St., Reno N.V. 89506*
2. LOCATION *NE 1/4 NW 1/4 Sec. 8 T. 20 N. R. 19 E. Washoe County*
PERMIT NO. *50472* Issued by Water Resources Parcel No. *082-101-66* 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
- Could not pull casing, perforated well from 180 to 0. Well was raised. Pumped bentonite grout from 180 to 50'. Poured neat cement from 50 to surface. Removed casing 2' below grade.
Plugs original well / or unknown
Replacement well drilled -
Log # 102974

8. WELL CONSTRUCTION
Depth Drilled *180* Feet Depth Cased *180* 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)
<i>6 5/8</i>		<i>.188</i>	<i>180</i>	<i>0</i>

Perforations:
Type perforation *Mills Knife*
Size perforation
From feet to feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

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

9. WATER LEVEL
Static water level *54* 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.

Date started *4/3/07*
Date completed *4/17/07*

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

Name _____ Contractor
Address _____ Contractor
Nevada contractor's license number issued by the State Contractor's Board *15291*
Nevada driller's license number issued by the Division of Water Resources, the on-site driller *2310*
Signed *Kyle Lawrence*
Date *4/5/07*