

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. _____

PRINT OR TYPE ONLY

1. OWNER Miller Grant ADDRESS AT WELL LOCATION SAME
 MAILING ADDRESS 690 Sapphire Cir

2. LOCATION N.W. 1/4 S.W. 1/4 Sec. 25 T. 17 N/S R. 19 E Washoe County _____

PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 PROPOSED USE
Hot-water Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|---------------------|--------------|------|-----|------------|
| Rock & Clay | | 0 | 30 | |
| Sand | | 30 | 36 | |
| Clay & pea-gravel | | 36 | 50 | |
| Red Clay & Rock | | 50 | 140 | |
| Gray Clay | | 140 | 300 | |
| Red Clay & boulders | | 300 | 340 | |

8. WELL CONSTRUCTION
 Diameter hole 8 1/2 inches Total depth 340 feet
 Casing record _____
 Weight per foot _____ Thickness _____
 Diameter From To
 _____ inches _____ feet 320 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal 55 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Factory
 Size perforation 2 1/2
 From 320 feet to 340 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 30 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature 125 ° F. Quality _____

Date started Aug-17- 84
 Date completed Sept-4- 1984

7. WELL TEST DATA

| Pump RPM | G.P.M. | Draw Down | After Hours Pump |
|----------|-----------|-----------|------------------|
| | <u>25</u> | <u>10</u> | <u>10 hrs</u> |

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name McRAY Drilling
 Contractor
 Address 730 Rosewood Dr Reno
 Contractor
 Nevada contractor's license number 14170
 Nevada contractor's drillers number 786-514
 Nevada driller's license number Ray-786
 Actual Driller
 Signed Francis McRay
 Contractor
 Date Sept 15, 1984

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours