

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. _____

1. OWNER BILL TREHMAN ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2855 RAVAZZA RD 4075 EASTLAKE BLVD
RENO, NV 89511 CARSON CITY NV
 2. LOCATION 1/4 1/4 Sec. 5 T. 17N N/S R. 20 E WASHOE County
 PERMIT NO. SE SW 32 17M WASHOE VALLEY
 Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	2	2
BROWN SAND		2	14	12
BROWN CLAY 1/4 OG		14	48	34
SOFT ZONE OG		48	51	3
BROWN SANDY CLAY		51	120	69
SOFT ZONE	X	120	135	15
BROWN CLAY WITH SAND & GRAVEL		135	140	5
APN 050-416-05				
N 39.17.359				
W 119.45.809				
WGS 84				
N 39.289422				
W 119.762482				
NAD 27				

8. WELL CONSTRUCTION
 Diameter hole 6x6 inches Total depth 140 feet
 Casing record 140
 Weight per foot _____ Thickness .156

Diameter	From	To
<u>6x6</u> inches	0	140
_____ inches	_____	_____

 Surface seal: Yes No Type cement
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 140 feet
 Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 2 1/2 x 6 around
 From 114 feet to 136 feet
 From _____ feet to _____ feet

Date started 6-1-85, 19____
 Date completed 6-7-85, 19____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

9. WATER LEVEL
 Static water level 70 feet below land surface
 Flow 12 G.P.M. _____ P.S.I.
 Water temperature cool ° F. Quality clear

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Wayne Drilling of NV, INC
 Contractor
 Address PO Box 12370, Reno, NV 89510
 Contractor
 Nevada contractor's license number 22549
 Nevada contractor's drillers number 908
 Nevada driller's license number 923
 Actual Driller
 Signed Wayne Drilling of NV, INC
 Contractor
 Date 6-9-85

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