

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 4872

1. OWNER Mr. Muzka ADDRESS AT WELL LOCATION 4155 East Lake
 MAILING ADDRESS _____

2. LOCATION W 1/2 S 1/4 Sec. 32 T 17 N/S R 20 E new Washoe
 PERMIT NO. EC-416-02 LT 7 Blk A New Washoe City
 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 Other
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-----------------------|--------------|------|-----|------------|
| decomposed | | 0 | 65 | 65 |
| Boulders | | 65 | 80 | 15 |
| first water | | 80 | 90 | 10 |
| clay-decomposed | | 90 | 100 | 10 |
| clay-gravel 2nd water | | 100 | 120 | 20 |
| gravel | | 120 | 125 | 5 |

8. WELL CONSTRUCTION

Diameter hole 6 inches Total depth 125 feet
 Casing record _____
 Weight per foot _____ Thickness .188
 Diameter From To
6 inches 0 feet 125 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Ready Mix
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation torch
 Size perforation 1/4 x 3/8
 From 120 feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 75 feet below land surface
 Flow _____ G.P.M. 15-80 P.S.I.
 Water temperature cold ° F. Quality _____

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge,
 Name Marcum + Sons Drilling Contractor
 Address 4340 Hwy 50E Contractor
 Nevada contractor's license number 1018884
 Nevada contractor's drillers number _____
 Nevada driller's license number 707 Actual Driller
 Signed Thelma Marcum Contractor
 Date 8-30-85

7. WELL TEST DATA

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

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