

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO6826

PRINT OR TYPE ONLY

1. OWNER GERRY CARGILL ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 6645 Peppermint Drive Lot 15 Santa Fee Road _____
Reno, Nevada 89506 Reno, Nevada 89506 _____
 2. LOCATION NE ¼ NW ¼ Sec. 25 T. 21 N. N/S R. 18 E Washoe County
 PERMIT NO. 086-181-05 Silver Knolls _____
 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 clay		2	18	16
Fine green sand		18	20	2
Brown clay		20	51	31
Soft zone, sand		51	54	3
Brown clay		54	116	62
Med. coarse sand	X	116	127	11
Brown clay		127	133	6
Gray clay		133	138	5
Med. coarse sand	X	138	143	5
Brown clay		143	145	2

8. WELL CONSTRUCTION
 Diameter hole 10 x 6 inches Total depth 145 feet
 Casing record 145
 Weight per foot _____ Thickness .188
 Diameter 6 5/8 inches From 0 feet To 145 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type cement
 Depth of seal 51 feet
 Gravel packed: Yes No
 Gravel packed from 51 feet to 145 feet
 Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 2 1/2 x 6 around
 From 108 feet to XXXXX 138 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 70 feet below land surface
 Flow 35 G.P.M. _____ P.S.I.
 Water temperature cold °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, Inc.
 Contractor
 Address P.O. 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 Jerry C. Lehman
 Contractor
 Date April 14, 1986

Date started 4-9-86, 19_____
 Date completed 4-9-86, 19_____

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