

OFFICE USE ONLY
 Log No. 34240
 Permit No. _____
 Basin 6-8A

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 14634

PRINT OR TYPE ONLY

1. OWNER Ed Eure ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 6105 Lost Springs Rd 6105 Lost Springs Rd
Reno, Nv 89510

2. LOCATION SE 1/4 NE 1/4 Sec 3 T 22 N/S R. 20 E Washoe County
 PERMIT NO. 76-120-15 - Palomino Valley Subdivision Name 3-2-7

Issued by Water Resources Parcel No. _____

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 | Thickness |
|--|--------------|------|-----|-----------|
| Decomposed granite | | | | |
| Brown | | 516 | 522 | 6 |
| Multicolored decomposed granite w/some brown hard clay | | 522 | 588 | 66 |
| White & black granite decomposed - med. hard | | 588 | 660 | 72 |
| White & black granite hard | | 660 | 670 | 10 |
| Black granite rock decomposed white & black granite | | 721 | 900 | 179 |
| T.D. 900 feet | | | | |

See log # 25305 for orig. completion

8. WELL CONSTRUCTION

Diameter 6 inches Total depth _____ feet
 _____ inches
 _____ inches

Casing record _____
 Weight per foot _____ Thickness _____

| Diameter | From | To |
|--------------|------------|------------|
| _____ inches | _____ feet | _____ feet |
| _____ inches | _____ feet | _____ feet |
| _____ inches | _____ feet | _____ feet |
| _____ inches | _____ feet | _____ feet |
| _____ inches | _____ feet | _____ feet |
| _____ inches | _____ feet | _____ feet |

Surface seal: Yes No Type _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation _____
 Size perforation _____

| From | To |
|------------|------------|
| _____ feet | _____ feet |

Date started 8/9/90, 19____
 Date completed 8/10/90, 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

9. WATER LEVEL

Static water level _____ feet below land surface
 Flow Dry 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.
 Name Aqua Drilling & Well Service, Inc
 Contractor
 Address 625 Spice Islands Dr Suite L Sparks 89431
 Contractor

Nevada contractor's license number 15291
 issued by the State Contractor's Board

Nevada contractor's driller's number 1132
 issued by the Division of Water Resources

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1509

Signed Roger M. Thrall
 By driller performing actual drilling on site or contractor
 Date 8/13/90