

OFFICE USE ONLY
 Log No. 35962
 Permit No. _____
 Basin 87

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 16092

1. OWNER CAROL KANT ADDRESS AT WELL LOCATION SAME
 MAILING ADDRESS 300 PAULS LANE
RENO NV.
 2. LOCATION SE 1/4 NW 1/4 Sec. 1 T. 18N N/S R. 13 E Washoe County
 PERMIT NO. 040-572-17 Parcel No. SOUTH WEST RENO 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
<u>Brown Clay</u>		<u>0</u>	<u>40</u>	
<u>And gravel</u>				<u>40</u>
<u>Med Hard</u>				
<u>Volcanic Black</u>		<u>40</u>	<u>101</u>	<u>61</u>
<u>Rock</u>				
<u>Salt Red And Gray</u>		<u>101</u>	<u>180</u>	<u>79</u>
<u>Volcanic Rock</u>				
		<u>172</u>		

pumpings
 Level 140

91 MAR 14 AM 11
 STATE ENGINEERING DEPT

8. WELL CONSTRUCTION
 Diameter hole 10 1/2 inches Total depth 180 feet
 Casing record _____
 Weight per foot 13 Thickness 188
 Diameter From To
6 5/8 inches 0 feet 180 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type HEAT CEMENT
 Depth of seal 60 feet
 Gravel packed: Yes No
 Gravel packed from 60 feet to 180 feet
 Perforations:
 Type perforation M.I. 5/16T
 Size perforation 2 1/2 x 3/32
 From 160 feet to 180 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 95 feet below land surface
 Flow 5.0 G.P.M. _____ P.S.I.
 Water temperature Cold ° F. Quality unknown

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name CASLID DRILLING CO. Contractor
 Address 1200 S. VIRGINIA RENO NV. Contractor
 Nevada contractor's license number 27767
 Nevada contractor's drillers number 1600
 Nevada driller's license number 1287 Actual Driller
 Signed Kelly Cusick Contractor
 Date 3-12-91

Date started 3-8 1991
 Date completed 3-11 1991

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