

OFFICE USE ONLY
 Log No. 37250
 Permit No. _____
 Basin B9
 NOTICE OF INTENT NO. 17989

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER ANA KOVAL ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS 1485 Lord Street
Carson City, NV 89704
 2. LOCATION SE 1/4 NW 1/4 Sec. 30 T 17N N/S R. 20 E Washoe County
 PERMIT NO. 050-274-06 New Washoe City
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
WELL DEEPENING:				
Static water level at 83 ft.				
Drilled up rubber packer				
Weathered granite		115	129	14
Weathered granite, fracture	X	129	130	1
Gray weathered granite		130	136	6
Soft zone (NO WATER)		136	138	2
Gray granite		138	160	22
Weathered hard granite		160	261	101
Soft zone (Maybe water bearing)	?	261	262	1
Weathered hard granite		262	275	13

8. WELL CONSTRUCTION
 Depth Drilled 275 Feet Depth Cased 275 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 1/8 Inches 115 Feet 275 Feet
 To _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5" OD		.188	95	275

Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 3 x 5 around
 From 115 feet to 135 feet
 From 195 feet to 215 feet
 From 255 feet to 275 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No N/A Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No Drop liner installed.
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 83 feet below land surface
 Artesian flow 4 G.P.M. _____ P.S.I.
 Water temperature cold °F Quality clear

Date started 7-30-91, 19_____
 Date completed 7-31-91, 19_____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

10. DRILLER'S 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 issued by the State Contractor's Board 22549
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 923
 Signed [Signature]
By driller performing actual drilling on site or contractor
 Date July 31, 1991