

OFFICE USE ONLY
 Log No. 37602
 Permit No. _____
 Basin 84

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

NOTICE OF INTENT NO. 20125

1. OWNER Bill Handling ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3430 Puccinelli Drive, 5455 Wild Horse
Sparks, NV 89431 Reno, NV 89510
 2. LOCATION SE 1/4 SW 1/4 Sec. 12 T. 22N N/S R. 21 E. Washoe County
 PERMIT NO. _____ APN: 050-01-04 Parcel No. _____ Palomino Valley Unit 1 R. 2.1.3 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
Gravels & sand with brown clay		0	11	11
Reddish brown clay		11	33	22
Brown volcanic rock with clay streaks		33	127	94
Multi-colored volcanic rock		127	172	45
Soft zone (app 3 GPM)	x	172	173	1
Multi-colored volcanic rock		173	263	90
Brown volcanic rock		263	356	93
Soft zone	x	356	370	14
Red clay		370	375	5

8. WELL CONSTRUCTION
 Depth Drilled 370 Feet Depth Cased 370 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 50 Feet
 8 5/8 Inches 50 Feet 370 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	370

Perforations:
 Type perforation Factory sawed slot
 Size perforation 3/32 x 3 x 5 around
 From 365 feet to 345 feet
 From 245 feet to 235 feet
 From 175 feet to 165 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 ft. Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 370 feet

9. WATER LEVEL
 Static water level 80 feet below land surface
 Artesian flow 14 1/2 G.P.M. _____ P.S.I.
 Water temperature cold Quality clear

Date started 09-16-91, 19_____
 Date completed 09-20-91, 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.
Wayne Drilling, Inc.
 Name _____ 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 Wayne Drilling, Inc.
 By driller performing actual drilling on site or contractor
 Date 09-25-91