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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. 19637

1. OWNER SCOLARIS WAREHOUSE MARKETS ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 90 R. BOLTZ & ASSOCIATES 1801 SILVERADA BLVD
545 MAIN ST. MORRIS BAY, CA 93042 RENO, NEVADA
 2. LOCATION NE 1/4 NW 1/4 Sec 06 T. 19 N/S R. 20 E WASHOE County
 PERMIT NO. M/O-502 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 TUBEX

6. LITHOLOGIC LOG W-4

Material	Water Strata	From	To	Thick-ness
ASPHALT CONCRETE	NO	0	3"	3"
ORANGE-BROWN SAND & GRAVEL (GM/SM)	NO	3"	15"	12"
[AGGREGATE BASE]				
GRAY TO GREEN SAND & GRAVEL (GP/SP)	NO	15"	4.5'	3.25'
DARK BROWN SANDY CLAY (CL) OF MEDIUM PLASTICITY	NO	4.5'	9'	4.5'
BROWN SAND & GRAVEL (GP/SP)	NO	9'	30'	21'
LIGHT BROWN SILTY GRAVEL (GM)	NO	30'	47'	17'
ORANGE-BROWN SANDY CLAY TO CLAYEY SAND (CL/S) OF MED TO LOW PLAS.	NO	47'	57'	10'
GRAY SAND & GRAVEL (GP)	YES	57'	66'	9'
GRAY TO BROWN CLAYEY SAND (SC) OF MEDIUM PLASTICITY	YES	66'	75.5'	9.5'

8. WELL CONSTRUCTION
 Depth Drilled 75.5 Feet Depth Cased 75 Feet
 HOLE DIAMETER (BIT SIZE)
 From 9 5/16 Inches To 0 Feet 75.5 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>	<u>-</u>	<u>SCHED. 40</u>	<u>0</u>	<u>75</u>

Perforations:
 Type perforation SLOTTED
 Size perforation 0.020"
 From 55 feet to 75 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50.8' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
NO 3 SILICA SAND WITH 5% BENTONITE POWDER
 Gravel Packed: Yes No
 From 53 feet to 75.5 feet

9. WATER LEVEL
 Static water level 61.5 feet below land surface
 Artesian flow USE NO G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality SOME SEDIMENT

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started 3-4, 1992
 Date completed 3-5, 1992

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)	

Name _____ Contractor
 Address _____ Contractor
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1629
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 4-23-92