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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. 18842

1. OWNER TOM & ROBIN DOBSON ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 3415 Fauscher Drive Sky Canyon Crt.  
Reno, NV 89505 Sparks, NV  
 2. LOCATION SE 1/4 NE 1/4 Sec. 6 T. 21N N/S R. 21 E Washoe County  
 PERMIT NO. 076-190-26 Spanish Springs  
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 |
|------------------------------|--------------|------|-----|------------|
| Top soil                     |              | 0    | 1   | 1          |
| Decomposed granite           |              | 1    | 3   | 2          |
| Soft brown sand              |              | 3    | 6   | 3          |
| Weathered granite            |              | 6    | 145 | 139        |
| Gray granite                 |              | 145  | 193 | 48         |
| Gray granite w/clay streaks  |              | 193  | 205 | 12         |
| WEathered granite            |              | 205  | 245 | 40         |
| Gray granite w/clay streaks  |              | 245  | 268 | 23         |
| GRay granite                 |              | 268  | 278 | 10         |
| Green granite                |              | 278  | 293 | 15         |
| Green granite w/clay streaks |              | 293  | 305 | 12         |
| Green granite                |              | 305  | 435 | 130        |
| Gray granite                 |              | 435  | 513 | 78         |
| Fracture                     | X            | 513  | 514 | 1          |
| GRay granite fracture        | X            | 514  | 521 | 7          |
| Gray granite                 |              | 522  | 535 | 13         |
| FRacture                     | X            | 535  | 536 | 1          |
| GRay granite                 |              | 536  | 550 | 14         |

8. WELL CONSTRUCTION  
 Depth Drilled 550 Feet Depth Cased 550 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
10 Inches 0 Feet 50 Feet  
8 5/8 Inches 50 Feet 550 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8              |                     | .188                    | 0           | 550       |
|                    |                     |                         |             |           |
|                    |                     |                         |             |           |

Perforations:  
 Type perforation factory sawed slot  
 Size perforation 3/32 x 3 x 5 around  
 From 505 feet to 545 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 550 feet

9. WATER LEVEL  
 Static water level 370 feet below land surface  
 Artesian flow 33 G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cold °F Quality clear

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 June 16, 1992

Date started 6-8-92, 19\_\_\_\_\_  
 Date completed 6-12-92, 19\_\_\_\_\_

7. WELL TEST DATA

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