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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. 23794

1. OWNER Harold Peterson ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 501 W Moana Ln # 41 7945 Charlene
Reno, Nv 89509

2. LOCATION SE 1/4 SW 1/4 Sec 33 T. 21 N/S R. 19 E Washoe County
 PERMIT NO. 086-421-04 - Lemmon Valley
 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown yellow white tan red sands & gravels with tan clay zones		0	164	164
Sticky tan clay with same D.G. sand & gravel zones		164	218	54
Coarse sands & gravels with tan clay zones		218	319	101
T.D. 318 ft				

8. WELL CONSTRUCTION

Depth Drilled 319 Feet Depth Cased 319 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
10 5/8	0	60		
8 3/4	60	319		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+ 2	319

Perforations:
 Type perforation factory
 Size perforation 3/32 X 3
 From 280 feet to 300 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 53 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 53 feet to 319 feet

9. WATER LEVEL

Static water level 60 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Aqua Drilling & Well Service, Inc
 Contractor
 Address 625 Spice Islands Dr Suite L
Sparks, Nv 89431
 Contractor

Nevada contractor's license number 15291
 issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1511

Signed Roger M. Thrall
 By driller performing actual drilling on-site or contractor
 Date 9/15/93

Date started 9/10/93, 19_____
 Date completed 9/13/93, 19_____
 7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
20 +		4 1/2

'93 OCT 12 AM 11
 STATE ENGINEERS OFFICE