

PRINT OR TYPE ONLY
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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. 23778

1. OWNER Leslie Coyle ADDRESS AT WELL LOCATION 5605 Pony Springs
 MAILING ADDRESS 320 Wagon Wheel Way 27-2-1-8
Dayton, Nv 89403

2. LOCATION SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 27 T. 22 N/S R. 21 E. Washoe County
 PERMIT NO. 277-170-13 - Palomino Valley Unit 1
 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
Brown tan white				
yellow D.G. sand				
fine		0	22	22
Decomposed granite				
tan yellow white		22	218	196
T.D. 218 ft				

8. WELL CONSTRUCTION
 Depth Drilled 218 Feet Depth Cased 218 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0 Feet	120 Feet
8 1/2 Inches	120 Feet	218 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.188	+ 2	218

Perforations:
 Type perforation factory
 Size perforation 37/32 X 3

From 178 feet to 198 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 218 feet

9. WATER LEVEL
 Static water level 90 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
 Address 625 Spice Islands Dr Suite L
Sparks, Nv 89431

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

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

Signed Roger M. Thrall
 By driller performing actual drilling on site or contractor

Date 8/10/93

Date started 8/6/93, 19____
 Date completed 8/9/93, 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 checked="" type="checkbox"/> Air Lift	<u>15</u>		<u>2</u>

'93 OCT 12 AMO:12
 STATE ENGINEERS OFFICE