

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. 23863

1. OWNER Ron & Michelle Shull ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 215 Elges Way 7405 Patrina Way
Sparks, Nv 89431

2. LOCATION SW 1/4 SW 1/4 Sec 4 T 20 N/S R 20 E Washoe County _____
 PERMIT NO. 83-440-71 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	Thickness
Brown tan white red D.G.		0	18	18
Reddish brown clay with tan yellow red D.G.		13	31	18
Tan clay with green white yellow brown red D.G.		31	135	104
Green white granite semi fractured		185	318	133
T.D. 318 ft				

8. WELL CONSTRUCTION
 Depth Drilled 318 Feet Depth Cased 318 Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet
8 3/4 Inches	58 Feet
	318 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+ 1 1/2	318

Perforations:
 Type perforation factory
 Size perforation 3/32 X 3
 From 298 feet to 318 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 52 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 52 feet to 318 feet

9. WATER LEVEL
 Static water level 210 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 9/21/93

Date started 9/16/93, 19____
 Date completed 9/17/93, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

'93 OCT 12 AM 11
 STATE ENGINEERS OF NV