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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. 27298

1. OWNER JEFF & ROBIN GRIFFO ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS 115 Moostone
Reno, NV 89506
 2. LOCATION NW 1/4 SW 1/4 Sec. 18 T. 22N N/S R. 19 E Washoe County
 PERMIT NO. 079-371-08 Red Rock Estates # 72
 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
Green sandy clay		1	9	8
Brown sandy clay		9	32	23
Granite boulder		32	33	1
Green sandy clay		33	38	5
Brown sandy clay		38	92	54
Green sandy clay		92	110	18
Brown sandy clay		110	262	152
Soft zone (NO WATER)		262	268	6
Weathered granite		268	311	43
Soft zone (NO WATER)		311	312	1
Weathered granite		312	337	25
Gray granite		337	430	93
Weathered granite, clay streaks		430	438	8
White & pink granite		438	471	33
Gray hard granite		471	491	20
Fracture (APP 2 GPM)	X	491	492	1
Gray hard granite		492	594	102
Black Basalt		594	601	7
Gray granite		601	638	37
Fracture granite (5 GPM)	X	638	648	10
Gray granite		648	675	27

8. WELL CONSTRUCTION
 Depth Drilled 675 Feet Depth Cased 675 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 50 Feet
8 5/8 Inches 50 Feet 675 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	675

Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 3 x 5 around
 From 495 feet to 515 feet
 From 615 feet to 655 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50 feet
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 675 feet

9. WATER LEVEL
 Static water level 520 feet below land surface
 Artesian flow _____ G.P.M. 7 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
 Contractor
RENO, NEVADA 89510
 Nevada contractor's license number issued by the State Contractor's Board 22439
 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 October 28, 1994

Date started 10-19-94, 19____
 Date completed 10-25-94, 19____

7. WELL TEST DATA

TEST METHOD: <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>7</u>			