

OFFICE USE ONLY  
Log No. 47878  
Permit No. \_\_\_\_\_  
Basin. \_\_\_\_\_

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

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. 26486

1. OWNER Pete Nevin ADDRESS AT WELL LOCATION \_\_\_\_\_  
MAILING ADDRESS 255 West Moana Lane Suite 108 Lot 68 Argosy Rd. 1220 Argosy  
Reno, Nevada 89509-4942 Reno, Nevada 89506  
2. LOCATION SW 1/4 SW 1/4 Sec. 18 T. 22N N/S R. 19E E Washoe County  
PERMIT NO. 079-362-03 Parcel No. \_\_\_\_\_ Red Rock Estates # 168  
Issued by Water Resources 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 |
|-----------------------------------|--------------|------|-----|-----------|
| Top Soil                          |              | 0    | 3   | 3         |
| Brown Sandy Clay                  |              | 3    | 32  | 30        |
| Gray Clay                         |              | 32   | 88  | 56        |
| Green Clay                        |              | 88   | 121 | 33        |
| Soft Zone                         |              | 121  | 123 | 2         |
| Green Clay                        |              | 123  | 130 | 7         |
| Gray Clay                         |              | 130  | 166 | 43        |
| Soft Zone                         | X            | 166  | 170 | 4         |
| Gray Clay                         |              | 170  | 202 | 32        |
| Soft Zone                         | X            | 202  | 203 | 1         |
| Gray Clay                         |              | 203  | 207 | 4         |
| Green Clay                        |              | 207  | 230 | 23        |
| Gray Clay                         |              | 230  | 335 | 105       |
| Soft Zone                         | X            | 335  | 355 | 20        |
| Gray Clay                         |              | 355  | 357 | 2         |
| Gray Granite                      |              | 357  | 402 | 45        |
| Soft Zone                         | X            | 402  | 416 | 14        |
| Gray Granite                      |              | 416  | 425 | 9         |
| <i>Deepened under log # 99123</i> |              |      |     |           |

8. WELL CONSTRUCTION  
Depth Drilled 425 Feet Depth Cased 425 Feet  
HOLE DIAMETER (BIT SIZE)  
From To  
10 Inches 0 Feet 50 Feet  
8 5/8 Inches 50 Feet 425 Feet  
Inches Feet Feet  
CASING SCHEDULE  
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)  
6 5/8 .188 0 425

Perforations:  
Type perforation Factory Sawed Slot  
Size perforation 3/32 x 3 x 5 around  
From 420 feet to 400 feet  
From 360 feet to 350 feet  
From 310 feet to 300 feet  
From 220 feet to 200 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 425 feet

9. WATER LEVEL  
Static water level 127 feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. 6 1/2 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 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 May 15, 1995

Date started 5-10-95, 19\_\_\_\_  
Date completed 5-12-95, 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>6 1/2</u> |                               |              |
|  |              |                               |              |
|  |              |                               |              |
|  |              |                               |              |
|  |              |                               |              |
|  |              |                               |              |
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