

OFFICE USE ONLY
 Log No. 48434
 Permit No. _____
 Basin. 099

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. 31850

1. OWNER GEORGE MANSELL ADDRESS AT WELL LOCATION LOT 131 SETLOCK DR
 MAILING ADDRESS 215 EDGEHILL DRIVE RENO NV 89505
SAN CARLOS CA 94070
 2. LOCATION SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 33 T 24 N/S R 18 E WASHOE County
 PERMIT NO. 078-302-22 RANCHO HAVEN
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
TAN YELLOW WHITE DG SANDS WITH BROWN CLAY		0	24	
GREEN CLAY WITH GREEN WHITE YELLOW BROWN DG SANDS		24	95	
COARSE YELLOW WHITE BROWN DG SANDS		95	180	
TD 180				
BOTTOM OF BOREHOLE FILLED WITH GRAVEL				

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 170 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 180 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+1	170

Perforations:
 Type perforation WIRE WOUND SCREEN
 Size perforation .050
 From 150 feet to 140 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 55 PER TEL CON w/ ASAP Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 180 feet to 55 feet

Date started 8-18-95 19_____
 Date completed 8-21-95 19_____
 7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
AIR LIFT	20+		3 HR

9. WATER LEVEL
 Static water level 20 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 ASAP PUMP & WELL SERVICE INC Contractor
 Address 1800 1/2 FRAZER AVENUE Contractor
SPARKS, NEVADA 89431
 Nevada contractor's license number issued by the State Contractor's Board 35387A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1511
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 8-24-95