

OFFICE USE ONLY
 Log No. 49356
 Permit No. _____
 Basin. 083

174351

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. _____

1. OWNER Trucker Meadows Water Rec Facility / USGS ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 8560 Clean Water Way Wellman #1
Keos MO 89502

2. LOCATION NE 1/4 NE 1/4 Sec. 18 T. 20 N. R. 24 E. Washoe County _____
 PERMIT NO. M/O 910
 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sandy silt</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Clayey silt</u>		<u>3</u>	<u>6</u>	<u>3</u>
<u>Clay</u>		<u>6</u>	<u>11</u>	<u>5</u>
<u>Silty sand</u>	*	<u>11</u>	<u>12</u>	<u>1</u>
<u>Clay</u>		<u>12</u>	<u>14</u>	<u>2</u>
<u>Clayey gravel</u>	*	<u>14</u>	<u>45</u>	<u>31</u>

8. WELL CONSTRUCTION
 Depth Drilled 45 Feet Depth Cased 45 Feet

HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 0 Feet 45 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>PUC</u>	<u>Sch 40</u>	<u>0</u>	<u>35</u>

Perforations:
 Type perforation slot
 Size perforation .020
 From 3.5 feet to 45 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 10 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 20 feet to 45 feet

9. WATER LEVEL
 Static water level 20-09 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 4/3, 1995
 Date completed 4/3, 1995

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 type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Armando R. Robledo Contractor
 Address 333 W. Mye Ln Contractor
Carson City, NV 89706
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller FP1859
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 5/1/95

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