

OFFICE USE ONLY  
 Log No. 49371  
 Permit No. 5304  
 Basin 192A

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. 23822

1. OWNER LOU DOVER ADDRESS AT WELL LOCATION 8200 OSAGE  
 MAILING ADDRESS 8200 OSAGE RENO NV 89506  
 2. LOCATION SW 1/4 SW 1/4 Sec. 25 T. 21 N/S R. 18 E WASHOE County  
 PERMIT NO. 086-360-04 Issued by Water Resources Parcel No. SILVER KNOLLS 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
STICKY TAN CLAY		0	17	
TAN & YELLOW CLAY		17	24	
LIGHT GREEN CLAY		24	36	
DARK GREEN CLAY		36	53	
GREEN WHITE YELLOW BROWN FINE SANDS		53	57	
STICKY GREEN CLAY		57	71	
COARSE GREEN WHITE BROWN YELLOW SANDS		71	116	
STICKY GREEN CLAY		116	126	
COARSE GREEN YELLOW WHITE & BROWN SANDS		126	138	
138 TD	X			

8. WELL CONSTRUCTION  
 Depth Drilled 138 Feet Depth Cased 138 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 5/8 Inches To 0 Feet 138 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 1/2	138

Perforations:  
 Type perforation FACTORY SAWED  
 Size perforation 3/32 X 3"  
 From 128 feet to 118 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 53  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 138 feet to 53 feet

9. WATER LEVEL  
 Static water level 50 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 5-22 1995  
 Date completed 5-23 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 checked="" type="checkbox"/> Air Lift	10		3 1/2

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name A.S.A.P. PUMP & WELL SERVICE, INC Contractor  
 Address 1800 1/2 FRAZER AVENUE Contractor  
SPARKS, NV 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 1509  
 Signed Larry Welch By driller performing actual drilling on site or contractor  
 Date 5-31-95