

OFFICE USE ONLY
 Log No. 49399
 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. 23821
 ADDRESS AT WELL LOCATION: 16255 RED ROCK ROAD
RENO NV 89506

1. OWNER BILL NEWMAN
 MAILING ADDRESS 16255 RED ROCK ROAD
RENO NV 89506
 2. LOCATION NE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 9 T 23 N/S R 18 E WASHOE County
 PERMIT NO. 07821119 LOT 358 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 BROWN				
WHITE FINE DG SANDS		0	14	
RED VOL ROCK		14	17	
TAN YELLOW BROWN				
WHIE DG FIRM		17	127	
LOOSE TAN YELLOW				
WHITE DG SANDS	164	127	164	
BROWN WHITE YELLOW				
DG SEMI HARD		164	173	
COARSE TAN YELLOW				
BROWN WHITE DG				
SANDS WITH OCCASSIONAL				
HARD ZONES	X	173	220	
(220 TD)				

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 55 Feet
8 1/2 Inches 55 Feet 220 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	220

Perforations:
 Type perforation FACTORY SAWED
 Size perforation 3/32 X 3"
 From 200 feet to 180 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 220 feet to 53 feet

9. WATER LEVEL
 Static water level 100 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality _____

Date started 5-31, 1995
 Date completed 6-3, 1995

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
<u>15+ STAIR</u> G.P.M.		<u>3</u>

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
SPARKS, NV 89431 Contractor
 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 6-19-95