

OFFICE USE ONLY  
 Log No. 31163  
 Permit No. 104  
 Basin 104

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 INTEREST NO. 3862

1. OWNER Mark Faedi  
 MAILING ADDRESS 3530 Voltaire Canyon Carson City, Nevada 89704  
 ADDRESS AT WELL LOCATION 3530 Voltaire Canyon Carson City, Nevada 89704  
 2. LOCATION SE 1/4 NE 1/4 Sec. 26 T. 15 N/S R. 19 E Carson City County  
 PERMIT NO. 007-051-28  
 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Tried to pull 4 1/2 Casing, would not move				
Install 1" trime pipe to 245' & pumped neat cement to surface				
Pumped approx. 3500 lbs on Neat Cement				
Waiver # R-273				

8. WELL CONSTRUCTION  
 Depth Drilled.....Feet Depth Cased.....Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
 .....Inches.....Feet.....Feet  
 .....Inches.....Feet.....Feet  
 .....Inches.....Feet.....Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4 1/2	6.25	.134	-1	245

Perforations:  
 Type perforation.....  
 Size perforation.....  
 From.....feet to.....feet  
 From.....feet to.....feet  
 From.....feet to.....feet  
 From.....feet to.....feet  
 From.....feet to.....feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 245  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From.....feet to.....feet

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

Date started November 1, 1995  
 Date completed November 1, 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 A.S.A.P Pump & Well Service, Inc. Contractor  
 Address 1800 1/2 Frazer Avenue Sparks, Nevada 89431 Contractor  
 Nevada contractor's license number issued by the State Contractor's Board: 35387-A  
 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 November 1, 1995