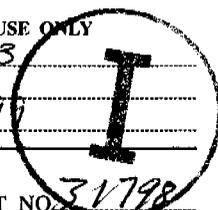


OFFICE USE ONLY
 Log No. 57093
 Permit No. _____
 Basin. 091



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. 31798
Frontier 13915 Frontier RD.

1. OWNER Troy Batistini ADDRESS AT WELL LOCATION Red Rock
 MAILING ADDRESS 2944 Twin Yonder W Reno 89512
 2. LOCATION SE 1/4 NE 1/4 Sec. 3 T 23 N/S R 18 E Washoe County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 078-271-18 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
Rock & Clay		0	7.4	
Rock & Clay		7.4	5.5	
Sand & Clay		5.5	80	
Clay & Vol Rock		80	115	
gray Clay & Rock		115	123	
Gray Clay		123	140	
Brown Sandy Clay		140	160	
gray Clay		160	180	
Brown Sandy Clay		180	183	
Sandy Clay		183	240	
SAND		240	250	
Sandy Clay & Rock		250	258	
Rock		258	280	

8. WELL CONSTRUCTION
 Depth Drilled 280 Feet Depth Cased 250 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10" To 5"
6" Inches 5" Feet 280 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>		<u>1.88</u>	<u>0</u>	<u>240</u>

 Perforations:
 Type perforation 3/4" T.P.V.
 Size perforation _____
 From 200 feet to 250 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50 ft Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 11/16/1976
 Date completed 11/17/1976

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
	<u>2</u>	<u>150 ft</u>	<u>1 hr</u>

9. WATER LEVEL
 Static water level 12.7 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 Bill Miller Contractor
 Address JM DRILLING Contractor
1859 HYMER AVE.
SPARKS NV 89431
 Nevada contractor's license number issued by the State Contractor's Board 41172
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
 Signed Ray W. Miller
 by driller performing actual drilling on site or contractor
 Date _____

RECEIVED
 OCT 16 AM 11:33
 STATE ENGINEER'S OFFICE