

OFFICE USE ONLY
 Log No. 64133
 Permit No. 24
 Basin.....
 NOTICE OF INTENT NO. 30618

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

1. OWNER BILL FORD ADDRESS AT WELL LOCATION.....
 MAILING ADDRESS 390 Scorpio Cir, 3140 East Lake Blvd.
Reno, Nevada 89511 Carson City, Nevada 89704
 2. LOCATION SW 1/4 SW 1/4 Sec 32 T. 17N N/S R 20 E Washoe County
 PERMIT NO. 050-398-17 New Washoe City
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other..... Municipal/Industrial Monitor Stock Air Other.....

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil		0	1	1
Brown fine sand, some smaller granite boulders		1	39	38
Brown sandy clay		39	71	32
Weathered granite		71	109	38
Fracture (NO WATER)		109	110	1
Weathered granite		110	130	20
Fracture (app 4 GPM)	X	130	134	4
Weathered granite		134	180	46
Fracture (app 10 GPM)	X	180	182	2
Weathered granite		182	211	29
Fracture (app 6 GPM)		211	215	4
Weathered granite		215	225	10

8. WELL CONSTRUCTION
 Depth Drilled 225 Feet Depth Cased 225 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 50 Feet
8 5/8 Inches 50 Feet 225 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.188	0	225

Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 3 x 5 around
 From 180 feet to 220 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 feet Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 225 feet

9. WATER LEVEL
 Static water level 94 feet below land surface
 Artesian flow _____ G.P.M. 20 P.S.I.
 Water temperature cold °F Quality clear

Date started 1-5-96, 19____
 Date completed 1-8-96, 19____

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	<u>20</u>		

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WAYNE DRILLING, INC Contractor
 Address P.O. BOX 12370 Contractor
RENO, NEVADA 89510
 Nevada contractor's license number issued by the State Contractor's Board 22549
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 923
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date January 11, 1996