

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. 6476
 Permit No. 084
 Basin 084

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 33232

1. OWNER Sam White
 MAILING ADDRESS 1945 K Street
Sparks, NV 89431
 ADDRESS AT WELL LOCATION 5355 WILD HORSE

2. LOCATION NE 1/4 NW 1/4 Sec. 11 T. 22
 PERMIT NO. 077-110-12 Parcel No. 0/S R 21 EAST
Delomino V. Unit 1 WASHOE County
 Issued by Water Resources
 Subdivision Name 11-2-1-2

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
D.G.		0	10	10
Brown sand fine		10	20	10
Multi colored volcanic rock & brown clay		20	100	80
Multi colored volcanic rock soft		100	110	10
Purple volcanic rock		110	130	20
Brown clay		130	160	30
Multi colored volcanic rock & brown clay		160	170	10
Multi colored volcanic rock fine soft	X	170	235	65
Weathered white & black granite soft	X	235	295	60
Multi colored volcanic rock soft	X	295	320	25
T.D. 320'				

8. WELL CONSTRUCTION
 Depth Drilled 320 Feet Depth Cased 320 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10-5/8 Inches 0 Feet 50 Feet
8-1/2 Inches 50 Feet 320 Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	13.92	.188	+1 1/2	320

Perforations:
 Type perforation Factory Sawn
 Size perforation 3/32 X 3
 From 280 feet to 300 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 320 feet to 50 feet

9. WATER LEVEL
 Static water level 1.00 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °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 A.S.A.P. Pump & Well Service Inc. Contractor
 Address 1800 1/2 Frazer Avenue Contractor
Sparks, Nevada 89431
 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 1509T-1
 Signed Sam White
 Date November 25, 1996

Date started November 20, 1996
 Date completed November 22, 1996

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>		<u>2 Hrs</u>