

OFFICE USE ONLY
 Log No. 67335
 Permit No. _____
 Basin 0891



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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. 35380

1. OWNER Jeff Shaheen ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 1894 5705 Madras St.
Carson City NV 89702 Carson City, NV

2. LOCATION SW 1/4 SW 1/4 Sec. 23 T. 16 @/S R 19 East Washoe County
 PERMIT NO. 055-163-03 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
Brown D.G.		0	6	6
Brown Clay w/brown sand		6	20	14
Gray fine sand with Multi colored gravel		20	35	15
Multi colored gravel		35	50	15
White & gray course sand		50	70	20
Multi colored gravel		70	110	40
Gray clay with multi colored course sand		110	115	5
Multi colored gravel		115	145	30
Multi colored course sand		145	172	27
Multi colored gravel	X	172	200	28
T.D. 200'				
1/4" Plate on Bottom of Casing				

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 192 Feet

HOLE DIAMETER (BIT SIZE)
 From To
12 5/8 Inches 0 Feet 200 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.9</u>	<u>.188</u>	<u>+1 1/2</u>	<u>192</u>

Perforations:
 Type perforation Screen Johnson Agg.
 Size perforation .050
 From 192 feet to 172 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 192 feet to 100 feet

9. WATER LEVEL
 Static water level 20 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 Ave
 Contractor
Sparks, NV 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 2066

Signed Tommy Welch
 By driller performing actual drilling on site or contractor
 Date July 9, 1997

Date started June 30, 1997
 Date completed July 3, 1997

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>