

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 67625
 Permit No. _____
 Basin 088
 NOTICE OF INTENT NO. 38001

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER Joe Fetchner ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1650 Yori 17165 S. Virginia
Reno, NV 89502

2. LOCATION SE 1/4 NW 1/4 Sec. 4 T 17N N/S R 20E E Washoe County
 PERMIT NO. WaCo #5902 45-222-13
 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
After completion we sealed the well by slowly pouring Baroid "Hole Plug" into the annulus. We then topped the well off with about 15' of neat cement and concrete seal.				
Top soil and rock		0	12	12
Top soil, clay, rock		12	22	10
Gravels	x	22	26	4
Gravel, med bldrs		26	34	8
Sand	x	34	36	2
Sand & clay	x	36	45	9
Clay		45	60	15
Tight sands		60	92	32
Fine gravels & sands	x	92	98	6
Med to large gravel	xx	98	125	27

8. WELL CONSTRUCTION
 Depth Drilled 125 Feet Depth Cased 125 Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches 0 Feet 125 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Foot)	To (Foot)
6 5/8	12.92	.188	0	125

Perforations:
 Type perforation Factory
 Size perforation 3/32 x 3" single perf

From 105 feet to 125 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 100
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 15 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality not tested

Date started 6/18/97 19____
 Date completed 6/19/97 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>15</u>		<u>1 hr.</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Bruce MacKay Pump & Well Service, Inc. Contractor
 Address 1600 Mt. Rose Hwy Contractor
RENO, NV 89511

Nevada contractor's license number issued by the State Contractor's Board 23096
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1719

Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 6-25-97