

OFFICE USE ONLY
 Log No. 6949
 Permit No. _____
 Basin. 087

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. 54629
1190 telegraph st
RENO NV

1. OWNER Donna C. McDaniel ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1244 Sixth Street
SANTA MONICA, CA
 2. LOCATION SE 1/4 NE 1/4 Sec. 18 T. 19 R. 20 E Washoe County
 PERMIT NO. MO 694 694A Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. SVE PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other 175A

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>RUN A ROD</u>				
<u>BREAK END OFF BOTTOM OF PVC</u>				
<u>PULL A ROD</u>				
<u>FILL PVC FROM BOTTOM UP W/</u>				
<u>CEMENT</u>				
<u>PULL PVC W/ FILL</u>				
<u>PULL PVC</u>				
<u>TOP OVER TO 65</u>				
<u>RECEIVED</u>				
<u>SEP 12 PM</u>				
<u>STATE ENGINEERS</u>				
<u>SVE-4</u>				

8. WELL CONSTRUCTION
 Depth Drilled 25 Feet Depth Cased 24.5 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 35 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.37</u>			<u>0</u>	<u>6</u>

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From 6 feet to 24.5 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 24.5 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level: 15 ft feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9-5, 1996
 Date completed 9-5, 1996

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name NEVADA Drilling Inc Contractor
 Address 75 Jewers Creek RD Contractor
Carson City NV
 Nevada contractor's license number 13697A
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1902
 Division of Water Resources, the on-site driller
 Signed John B. Leish
 By driller performing actual drilling on site or contractor
 Date 9/12/96