

OFFICE USE ONLY
 Log No. 69566
 Permit No. _____
 Basin 84

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. 22819

1. OWNER Mike Boughton ADDRESS AT WELL LOCATION 5850 Whiskey Springs Rd. Reno, Nev.
 MAILING ADDRESS 3855 Lamey Ln. Reno, Nev. 89511
 2. LOCATION SE 1/4 NE 1/4 Sec 43 T 22 N N/S R 21 E Washoe County
 PERMIT NO. 05822 Issued by Water Resources Parcel No. 2 of 3A7071-340 Subdivision Name Palomino Valley Cante 32.1.C

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
Sandy gravel		0	18	18
clay w/sand		18	31	13
clay w/gravels		31	68	37
sandy gravels		68	240	172
clay		240	250	10
sandy gravels	260	250	280	30
clay w/sand		280	300	20
sand & gravel	310	300	323	23

Handwritten note: 24-17 105 # 7326

8. WELL CONSTRUCTION
 Depth Drilled 323 Feet Depth Cased 323 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
12 Inches 0 Feet 20 Feet
10 Inches 20 Feet 323 Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>0</u>	<u>323</u>

Perforations:
 Type perforation mil slot
 Size perforation 3/32 6 row
 From 263 feet to 283 feet
 From 303 feet to 323 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 55
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 55 feet to 323 feet

9. WATER LEVEL
 Static water level 260 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality clear

Date started 2-14 1997
 Date completed 2-20 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>10+-</u>	<u>320</u>	<u>2 hrs</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Fredrick Pump & Well Drilling Contractor
 Address P.O. Box 335 Jackson, CA 95642 Contractor
 Nevada contractor's license number 36313 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on site driller 1924
 Signed Med Fulle By driller performing actual drilling on site or contractor
 Date _____