

OFFICE USE ONLY
 Log No. 72825
 Permit No. 83
 Basin 83

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. 37753

1. OWNER Roy Arnesion ADDRESS AT WELL LOCATION
 MAILING ADDRESS 3155 Wedekind Road 580 Calle De La Plata Court
Sparks, NV 89431 Sparks, NV 89431
 2. LOCATION SE 1/4 SE 1/4 Sec. 30 T 21 Q/S R. 20 EAST WASHOE County
 PERMIT NO. 076-371-16 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	Thickness
D.G Brown		0	5	5
Brown Sand		5	6	1
Brown Clay		6	8	2
Multi colored gravels		8	20	12
Brown clay stons soft		20	50	30
Multi colored course sand		50	160	110
Multi colored course sand with gravels	X	160	170	10
Multi colored gravels	X	170	220	50
T.D. 220'				

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet
 To 220 Feet
 _____ Inches _____ Feet _____ 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>13.92</u>	<u>.188</u>	<u>+1 1/2</u>	<u>220</u>

Perforations:
 Type perforation Factory sawed
 Size perforation 3/32 x 3
 From 180 feet to 200 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 220 feet to 50 feet

9. WATER LEVEL
 Static water level 120 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality _____

Date started May 6, 19 98
 Date completed May 7, 19 98

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>

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 P.O. Box 60130 Contractor
Reno, NV 89506
 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 Tammy Welch
 By driller performing actual drilling on site or contractor
 Date May 12, 1998