

OFFICE USE ONLY
 Log No. 75032
 Permit No. 87
 Basin.....

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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. 16570

1. OWNER WASHOE COUNTY DEPT. OF WATER RESOURCES ADDRESS AT WELL LOCATION 1/10 MILE NORTH OF THE NE CORNER OF SOUTH MEADOWS PKWY & DOUBLE DIAMOND PKWY
 MAILING ADDRESS P.O. 11130 RENO NV 89502

2. LOCATION SE 1/4 NW 1/4 Sec. 9 T. 18 N. S. R. 20 E. WASHOE County
 PERMIT NO. Issued by Water Resources Parcel No. Subdivision Name South Meadows

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 Auger

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------------|-------------|-------------|
| <u>BR ORGANIC SILTY (CLAY SAND (SC))</u> | | <u>0.0</u> | <u>1.0</u> | <u>1.0</u> |
| <u>BR CLAYEY SAND (SC) w/ GRAVELS</u> | | <u>1.0</u> | <u>8.0</u> | <u>7.0</u> |
| <u>WATER LEVEL (NOT STABILIZED)</u> | | <u>8.0</u> | | |
| <u>BR SAND (SP)</u> | | <u>8.0</u> | <u>18.0</u> | <u>10.0</u> |
| <u>End @ 18.0</u> | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 18.0 Feet Depth Cased 18.0 Feet

HOLE DIAMETER (BIT SIZE)
 From 7 Inches 0 Feet 18 Feet
 To _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-------------|
| <u>2 SCREEN</u> | <u>0.70</u> | <u>0.305</u> | <u>3.0</u> | <u>18.0</u> |
| <u>2 BLANK</u> | | | <u>0.0</u> | <u>3.0</u> |

Perforations:
 Type perforation SLOTTED
 Size perforation 0.020
 From 18.0 feet to 3.0 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 1-2' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No BENTONITE
 From 2.0 feet to 18.0 feet

9. WATER LEVEL
 Static water level: 8.0-9.0 feet below land surface
 Artesian flow NO G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 12-30-98, 1998
 Date completed 12-30-, 1998

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 type="checkbox"/> Air Lift | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name DALE LEHMAN Contractor
 Address PELONELLA ASSOCIATES 526 EDISON WAY RENO, NV 89502 Contractor
 Nevada contractor's license number issued by the State Contractor's Board: _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1976
 Signed Dale Lehman By driller performing actual drilling on site or contractor
 Date 1/19/99

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 29 JAN 21 AM 10:18
 STATE ENGINEERING DIVISION