

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

OFFICE USE ONLY
 Log No. 75377
 Permit No. _____
 Basin _____
 NOTICE OF INTEREST NO. **39797**

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 **Kenneth Wener**
 MAILING ADDRESS **655 Sky Canyon Dr**
Reno, NV 89510

ADDRESS AT WELL LOCATION **655 Sky Canyon Dr**
NV 89510

2. LOCATION **NE** 1/4 **NW** 1/4 Sec. **6** T **21** N/S R **21** E **Washoe** County
 PERMIT NO. **076-190-19** 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
Brown D.G.		0	3	
Brown fine sand		3	15	12
White sand stone		15	20	5
Weathered granite		20	50	30
Weathered granite with white clay		50	60	10
Weathered granite with orange clay		60	80	20
Clean and white granite hard		80	125	45
Weathered granite hard		125	300	175
Weathered granite fractured		300	325	25
T.D. 325'				

8. WELL CONSTRUCTION
 Depth Drilled **325** Feet Depth Cased **325** Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0	50
8 1/2 Inches	50	325

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	17.0	.225	+1 1/2	325

Perforations:
 Type perforation **Factory sawed**
 Size perforation **3/32X3**
 From **305** feet to **325** 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 **325** feet to **50** feet

Date started **4/23/99** 19____
 Date completed **4/27/99** 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:	
	G.P.M.	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	20	2 hours

9. WATER LEVEL
 Static water level **220** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cold** °F Quality _____

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 *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **4/28/99**