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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. 40354

1. OWNER MERL JESSOP ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS 10955 Osage Road
Reno, Nevada 89506
 2. LOCATION SW 1/4 NE 1/4 Sec. 25 T. 21N N/S R. 18 E Washoe County
 PERMIT NO. 086-192-02 Silver Knolls
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	Thick-ness
WELL DEEPENING:				
Clean out plug in bottom		120	125	5
Brown sandy clay		125	129	4
Soft zone (med coarse sands)	X	129	136	7
Brown sandy clays		136	140	4
Soft zone	X	140	147	7
Brown clay		147	148	1
Med fine sand	X	148	153	5

8. WELL CONSTRUCTION
 Depth Drilled 153 Feet Depth Cased 153 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 1/8 Inches To 120 Feet
153 Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5" OD		.188	0	153

Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 3 x 5 around
 From 113 feet to 153 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal deepening Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 120 feet to 153 feet

9. WATER LEVEL
 Static water level 48 feet below land surface
 Artesian flow _____ G.P.M. 25+ P.S.I.
 Water temperature cold °F Quality clear

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WAYNE DRILLING, INC. Contractor
 Address P.O. BOX 12370 Contractor
RENO, NEVADA 89510
 Nevada contractor's license number 0022549
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 923
 Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date July 22, 1999

Date started 7-19-99, 19____
 Date completed 7-19-99, 19____

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>25+</u>		