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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. 45097

1. OWNER Help W Build / Lou Doring ADDRESS AT WELL LOCATION 876 WASHOE DR
3915 PMD 206 CC, NV 89701 RENO, NV
 2. LOCATION SW 1/4 SE 1/4 Sec 23 T 17 N R 19 E WASHOE County
 PERMIT NO. 05023144 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy Gravelly Clays		0	45	
Bc Clay		45	53	
Sandy Gravelly Clays		53	75	
Gravelly Clays		75	95	
Grey Clay		95	98	
Sandy Gravels		98	118	
Bc Clay		118	120	

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cased 120' Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 120 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 3/8</u>		<u>1 88</u>	<u>+2</u>	<u>100</u>

Perforations:
 Type perforation M.I.S.G.
 Size perforation 2/32
 From 100 feet to 120 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 120 feet

9. WATER LEVEL
 Static water level 25 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 NEVADA DRILLING, INC Contractor
 Address 75 LEWERS CRK RD Contractor
CC, NV 89704
 Nevada contractor's license number issued by the State Contractor's Board 13697A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1790
 Signed Joe Reich
 By driller performing actual drilling on site or contractor
 Date 10/23/00

Date started 9-7 1900
 Date completed 9-8 1900

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>15-20</u>	<u>Total</u>	<u>2HR</u>	