

OFFICE USE ONLY
 Log No. 84977
 Permit No. _____
 Basin. 102
 NOTICE OF INTENT NO. 42077

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

1. OWNER: Dean Frebiani ADDRESS AT WELL LOCATION: 1175 ANTELOPE ST. SILVER SPRINGS, NV LYON
 MAILING ADDRESS: _____
 2. LOCATION: NW 1/4 SW 1/4 Sec. 19 T. 17 N/S R. 25 E County: _____
 PERMIT NO.: 117-423-13 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 | Thickness |
|---------------------|--------------|------|-----|-----------|
| SAND | | 0 | 5 | 5 |
| FRACTURED ROCK | | 5 | 30 | 25 |
| GRAY CLAY-SAND | | 30 | 40 | 10 |
| RED-BLACK LAVA ROCK | X | 40 | 90 | 50 |
| GRAY-BLACK CLAY | | 90 | 95 | 5 |
| BLACK LAVA ROCK | X | 95 | 130 | 35 |

8. WELL CONSTRUCTION
 Depth Drilled: 130 Feet Depth Cased: 130 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 50 Feet
9 7/8 Inches 50 Feet 130 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>.188</u> | <u>±1</u> | <u>130</u> |

Perforations:
 Type perforation: Factory milled
 Size perforation: 3/32" x 3"
 From: 120 feet to 130 feet
 From: _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal: 50 ft
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From: 50 feet to 130 feet

9. WATER LEVEL
 Static water level: 55 feet below land surface
 Artesian flow: _____ G.P.M. _____ P.S.I.
 Water temperature: COLD °F Quality: CLEAR

Date started: 9 OCT 2001
 Date completed: 10 OCT 2001

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 | <u>25+</u> | | <u>1.5</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name: Lisa Drilling & Pump Co.
 Address: P.O. Box 1253 Carson City NV 89701
 Nevada contractor's license number issued by the State Contractor's Board: 46498
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 2167
 Signed: Jack Dotson
 Date: _____

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 STATE ENGINEERING OFFICE