

OFFICE USE ONLY
 Log No. 85316
 Permit No. _____
 Basin 89



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

NOTICE OF INTENT NO. _____

1. OWNER Bob Warren ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 85 Keats RD Carson
City 89704
 2. LOCATION SE 1/4 SE 1/4 Sec. 10 T. 16 N/S R. 19 E Washoe County
 PERMIT NO. 05516202 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 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
sand		0	100	100 FT
gray clay		100	135	35 FT
granit		135	180	45 FT
Sand & D.G.		180	200	20 FT
Brown clay gravel & sand	<input checked="" type="checkbox"/>	200	300	20 FT

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 300 Feet
 HOLE DIAMETER (BIT SIZE)
 From 9 7/8 Inches 0 Feet 200 Feet
 To _____ Inches _____ Feet _____ Feet
 6 inch Inches 200 Feet 300 Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>14</u>	<u>188</u>	<u>+1</u>	<u>200</u>
<u>5 inch</u>	<u>9</u>	<u>188</u>	<u>180</u>	<u>300</u>

Perforations:
 Type perforation factory milled
 Size perforation 3/32
 From 180 feet to 300 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 100 FT Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 200 feet

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 OCT 11 AM 10:15
 STATE ENGINEERS OFFICE

Date started ~~9-10-01~~ 9-11-01, 19____
 Date completed 10-5-01, 19____

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>20+</u>	<u>NA</u>	<u>1 Hr</u>	

9. WATER LEVEL
 Static water level 30 FT feet below land surface
 Artesian flow _____ G.P.M. _____ 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 A & H pump co Contractor
 Address 15 Bobcat way Reno NV Contractor
89523
 Nevada contractor's license number issued by the State Contractor's Board 31839
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1878
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 10-10-01