

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. 48326

1. OWNER Vicki Puliz + Tim Puliz ADDRESS AT WELL LOCATION 1180 Mile Circle
 MAILING ADDRESS 9640 Comanche Moon Dr Reno, Nev 89511 Beno, Nev 89510
 2. LOCATION NE 1/4 NE 1/4 Sec 12 T 18 S R 19 EAST Washoe County
 PERMIT NO. WL 010181 43-062-08 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
Brown SAND + D.G.		0	10	10
BROWN CLAY		10	20	10
BROWN SAND + D.G.		20	42	22
BROWN CLAY		42	51	9
BROWN SAND + GRAVEL		51	65	14
GREY CLAY		65	70	5
GREY SAND + GRAVEL		70	101	31
BROWN + GREY CLAY		101	110	9
BROWN SAND + D.G.		110	200	90
BROWN CLAY		200	208	8
BROWN, GREEN, BLACK		208	280	72
GREY, Red SAND + GRAVEL				

8. WELL CONSTRUCTION
 Depth Drilled 280 Feet Depth Cased 280 Feet
 HOLE DIAMETER (BIT SIZE)
10 3/8 Inches From 0 Feet To 280 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10 3/8</u>		<u>.188</u>	<u>0</u>	<u>280</u>

Perforations:
 Type perforation FACTORY
 Size perforation _____
 From 220 feet to 280 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 100'
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 280 feet to 100 feet

9. WATER LEVEL
 Static water level 3 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality GOOD

Date started 1-18-02, 19_____
 Date completed 1-23-02, 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>100+</u>		<u>2 HRS.</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name NEVADA PUMP & DRILLING
 Address P.O. BOX 2227 DAYTON, NV 89403
 Nevada contractor's license number issued by the State Contractor's Board 0046357
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2187
 Signed Thomas Evans
 By driller performing actual drilling on site or contractor
 Date 2-1-02