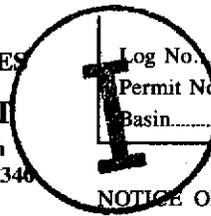


WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340



Log No. 88776
 Permit No. _____
 Basin 087

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 48824

1. OWNER Washoe County DWR ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4930 Energy Way Reno NV 160 Linden St Reno NV
 2. LOCATION NW 1/4 SE 1/4 Sec 24 T. 19 N. S. R. 19 E. Washoe County County
 PERMIT NO. W2030040 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 Self

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Rock base</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Sand Gravel & bobbles to 3"</u>		<u>3</u>	<u>9</u>	<u>6</u>
<u>Similar Pea Gravel</u>	<u>Yes</u>	<u>9</u>	<u>11</u>	<u>2</u>
<u>Clayey Sand</u>		<u>11</u>	<u>13</u>	<u>2</u>
<u>Clean Gravel</u>	<u>Yes</u>	<u>13</u>	<u>21</u>	<u>8</u>
<u>Sand & Gravel 1/4"</u>	<u>Yes</u>	<u>21</u>	<u>22</u>	<u>1</u>
<u>Plugged by well log # 116674</u>				

8. WELL CONSTRUCTION
 Depth Drilled 22 Feet Depth Cased 22 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 22
6 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>Sch 40 PVC</u>	<u>0</u>	<u>22</u>

Perforations:
 Type perforation Slotted
 Size perforation 020
 From 7 feet to 22 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 5 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 5 feet to 22 feet

9. WATER LEVEL
 Static water level 14 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 3/11 2003
 Date completed 3/11 2003

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Pro Service Corp Contractor
 Address 305 E. Coast St K Contractor
Chandler AZ
 Nevada contractor's license number issued by the State Contractor's Board 0051745
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1677
 Signed J. J. D...
 By driller performing actual drilling on site or contractor
 Date 3/11/02