

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. 47936

1. OWNER Larry Beaman ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 18650 Cold Springs Dr SAME
Reno NV 89506
 2. LOCATION NE 1/4 NW 1/4 Sec. 20 T. 21 N/S R. 18 E Washoe County
 PERMIT NO. 087-045-24 Parcel No. _____ Subdivision Name Cold Springs

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 |
|---|--------------|------|----|------------|
| <u>Back Fill</u> | | | | |
| <u>With pumped Neat Cement</u> | | | | |
| <u>From TD of 90'</u> | | | | |
| <u>Used 1.5 yds.</u> | | | | |
| <u>Could not Pull 4 3/4" liner to 90'</u> | | | | |
| <u>6 5/8" casing</u> | | | | |

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ 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>6 5/8</u> | | | | |
| <u>4 3/4</u> | | | <u>0</u> | <u>90</u> |

Perforations:
 Type perforation _____
 Size perforation _____
 From 20 feet to 90 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 57' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 3/22/03
 Date completed 3/22/03

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 Olewski Drilling & Pump Co
 Address 15045 Red Rock Rd
Reno NV 89506
 Nevada contractor's license number 50343
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1656
 Signed John F. Olwski
 By driller performing actual drilling on site or contractor
 Date 3/24/03