

Log No. 91442
 Permit No. _____
 Basin 087

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. 49172

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Washoe County School District ADDRESS AT WELL LOCATION 1210 I Street
 MAILING ADDRESS 425 E Ninth Street Sparks, Nevada 89431
Reno, NV 89520

2. LOCATION NW 1/4 NE 1/4 Sec. 5 T 19N N/S R 20E E Washoe County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 031-093-01 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 Service

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Perforate 8-5/8 Casing</u>				
<u>6 rows from 95 feet to</u>				
<u>surface, cut off casing</u>				
<u>flush with vault</u>				
<u>bottom, install trimie</u>				
<u>pipe to total depth</u>				
<u>and pump approximately</u>				
<u>12500 lbs of neat</u>				
<u>cement to surface to</u>				
<u>abandon well.</u>				
<u>Total depth 95</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased 95 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8-5/8</u>	<u>14.11</u>	<u>.156</u>	<u>+2</u>	<u>95</u>

Perforations:
 Type perforation Mills knife
 Size perforation 3/16 x 1-1/2

From	feet to	_____	feet
_____	<u>0</u>	_____	<u>95</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 20 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name A.S.A.P. Pump & Well Service Contractor
 Address P.O. Box 60130 Contractor
Reno, Nevada 89506
 Nevada contractor's license number issued by the State Contractor's Board 35387-B
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2066
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 12/08/2003

Date started 12/04/2003 19
 Date completed 12/05/2003 19

7. WELL TEST DATA

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