



Log No. 91634

Permit No. _____

Basin 089

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. 48414

1. OWNER RON TAYLOR ADDRESS AT WELL LOCATION 4105 Partridge Lane
 MAILING ADDRESS 450 Hwy 395N Carson City, Nevada 89704
Carson City, Nevada 89704 Carson City, Nevada 89704
 2. LOCATION NE NW 1/4 1/4 Sec. 5 T. 16N N/S R. 20 E. Washoe County
 PERMIT NO. 050-413-17 New Washoe Valley City #5 Lot 11 Block F
 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil		0	1	1
Brown sand		1	7	6
Decomposed granite, rusty		7	39	32
Brown sandy clays		39	64	25
Soft sticky brown clay		64	77	13
Brown sandy clays		77	134	57
Soft zone, medium coarse sands & gravels	X	134	144	10
Brown clays		144	161	17
Soft zone, medium coarse sands	X	161	169	8
Gray clays		169	175	6

8. WELL CONSTRUCTION
 Depth Drilled 175 Feet Depth Cased 175 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 50 Feet
 From 8 5/8 Inches To 175 Feet
 From _____ Inches To _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>0</u>	<u>175</u>

 Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 3 x 5 around
 From 130 feet to 170 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50 feet Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 175 feet
 9. WATER LEVEL
 Static water level 84 feet below land surface
 Artesian flow XXXXXXX 25+ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality clear

Date started May 8, 2003, 19____
 Date completed May 9, 2003, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25+</u>		

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WAYNE DRILLING, INC. Contractor
 Address P.O. BOX 12370 Contractor
RENO, NEVADA 89510
 Nevada contractor's license number issued by the State Contractor's Board 0022549
 Nevada driller's license number issued by the Division of Water Resources 923 the on-site driller
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date May 12, 2003