

STATE OF NEVADA  
DIVISION OF WATER RESOURCES  
WELL DRILLER'S REPORT

OFFICE USE ONLY  
Log No. \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Basin 105

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

*Revised*

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

NOTICE OF INTENT NO. **53721**

1. OWNER **Walter Cameo**  
MAILING ADDRESS **1805 N. Carson Street # 6**  
**Carson City, NV 89701**

ADDRESS AT WELL LOCATION **252 Genoa Lane Genoa, NV**

2. LOCATION **NE 1/4 SW 1/4 Sec. 10 T 13**  
PERMIT NO. **N/A** **1319-10-311-012**  
Issued by Water Resources Parcel No.

N/S R **19** E **Douglas** County  
Subdivision Name **N/A**

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
<b>PREFORATE 6 ROWS FROM 61 FEET TO 0 FEET. CUT OFF CASING BELOW FINISHED GRADE. INSTALL TRIMIE PIPE TO TOTAL DEPTH AND PUMP APPROX 7200 LBS OF NEAT CEMENT TO ABANDON WELL.</b>				
<b>T.D. 61</b>				
<b>N 39 00.155'</b>				
<b>W 119 50.353' N65 84</b>				
<b>N39.002684</b>				
<b>W 119.838216 NAD27</b>				

8. WELL CONSTRUCTION

Depth Drilled **61** Feet Depth Cased **61** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<b>8 5/8</b>	<b>+2</b>	<b>61</b>	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>8 5/8</b>	<b>16.9</b>	<b>.188</b>	<b>+2</b>	<b>61</b>

Perforations:  
Type perforation **Mechanical Preforator**  
Size perforation **1/4 x 2**

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

Date started **10/12/2006**, 19  
Date completed **10/12/2006**, 19

9. WATER LEVEL  
Static water level **+1** feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

7. WELL TEST DATA

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

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 LLC** Contractor  
Address **Po Box 60130** Contractor  
**Reno, NV 89506**

Nevada contractor's license number issued by the State Contractor's Board **35387C**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1509**

Signed *[Signature]*  
By driller performing actual drilling on-site or contractor

Date **10/13/2006**

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