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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. **50412**

Consultant: _____ Client: _____
 1. OWNER **HALEY AND ALDRICH, INC.** ADDRESS AT WELL LOCATION **THE BOEING CO.**
 MAILING ADDRESS **6200 East 14th St., Suite A200** **6633 Canoga Avenue, D/393 T/487**
Tucson, Arizona 85711 **Canoga Park, California 91303**
 2. LOCATION **SW 1/4 SW 1/4 Sec. 12 T. 22N N/S R. 21 E Washoe** County
 PERMIT NO. **D-52A 77-110-22** **Whiskey Springs Road Area D**
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 **TUBEX**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Silty sand, light brown, fine to medium sand, fine and coarse gravel, subangular, well graded, Mixed rhyolite fragments		0	15	15
Sand and gravel, moderate brown, coarse to medium sand, fine gravel, well graded, loose		15	30	15
Silty sand with gravel, fine to coarse sand, well graded, loose		30	46	16
Tuff, abundant quartz bipyramids, chatoyant feldspar, moderately welded, Tuff of Chimney Spring		46	49	3
Bore hole dry.				
Filled casing with 15 sacks of Portland Cement Type II.				
Pulled steel casing back - leaving cement in place. Finish at grade.				

8. WELL CONSTRUCTION
 Depth Drilled **40** Feet Depth Cased **0** 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)

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

Date started **7-9-2002**, 20 _____
 Date completed **7-9-2002**, 20 _____

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 type="checkbox"/> Air Lift			
No test			

9. WATER LEVEL
 Static water level _____ 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 **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, the on-site driller **908**
 Signed *Wayne Drilling, Inc.* By driller performing actual drilling on site or contractor
 Date **August 11, 2002**