

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 9557

1. OWNER FRANK LISCOM ADDRESS AT WELL LOCATION 1555 Little Valley Road
 MAILING ADDRESS 5585 Sun Valley Drive Reno, NV 89506
Sparks, NV 89433
 2. LOCATION NE 1/4 SE 1/4 Sec. 17 T. 21N N/S R. 18 E. Washoe County
Cold Springs
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil		0	1/2	1/2
Brown sandy clay		1/2	65	64 1/2
Softer light to dark brown volcanic rock		65	137	72
Softer Zone (NO H2O)		137	141	4
Light brown volcanic rock		141	179	38
Green volcanic rock		179	211	32
Soft zone		211	214	3
Green volcanic rock		214	215	1
Gray volcanic rock		215	222	7
Soft zone		222	223	1
Gray volcanic rock		223	227	4
Soft zone	X	227	250	23

8. WELL CONSTRUCTION
 Diameter 6 inches Total depth 250 feet
 _____ inches
 _____ inches
 Casing record 250' steel casing installed.
 Weight per foot _____ Thickness .156

Diameter	From	To
<u>6 5/8</u> inches	<u>0</u> feet	<u>250</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type cement
 Depth of seal 51 feet
 Gravel packed: Yes No
 Gravel packed from 51 feet to 250 feet
 Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 3 x 6 around
 From 224 feet to 245 feet
 From _____ feet to _____ feet

Date started 10-8-87, 19____
 Date completed 10-9-87, 19____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

9. WATER LEVEL
 Static water level 190 feet below land surface
 Flow 30 G.P.M. _____ P.S.I.
 Water temperature cold °F Quality clear

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

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.
 Address P.O. Box 12370, Reno, NV 89510
 Nevada contractor's license number issued by the State Contractor's Board 22549
 Nevada contractor's driller's number issued by the Division of Water Resources 908
 Nevada driller's license number issued by the Division of Water Resources the on site driller 923
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date October 17, 1987