

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. 17134
9275 UTA CAWIKO

1. OWNER Geo. Belden
 MAILING ADDRESS 6830 Doutrac Drive Reno NV 89506
 ADDRESS AT WELL LOCATION _____
 2. LOCATION SE 1/4 NE 1/4 Sec. 30 T. 17 N/S R. 25 E. Lyon County
 PERMIT NO. 17-534-05 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	Thickness
Sand		0	20	20
Clay		20	21	1
Sand (fine)		21	40	19
Sand & Silt				
Gravel	✓	40	100	60
Gravel	✓	100	118	18

8. WELL CONSTRUCTION
 Depth Drilled 118 Feet Depth Cased 118 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches 0 Feet 50 Feet
6 Inches 50 Feet 118 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>		<u>.188</u>	<u>1</u>	<u>118</u>

Perforations:
 Type perforation Machine slot
 Size perforation .090
 From 100 feet to 116 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 42 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 54 °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 Welsco Contractor
 Address Box 888 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 11252
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 172
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date April 14-92

Date started April 10, 1992
 Date completed April 16, 1992

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>75</u>		<u>1</u>	

92 APR 16 AM 10:57
 RECEIVED
 STATE ENGINEERS OFFICE