

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. 16799

1. OWNER Reno Sparks Convention + Visitors Authority ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P O Box 837 3500 Sullivan Lane
Reno Nevada 89504-0837 Sparks, Nevada 89431
 2. LOCATION NW 1/4 NE 1/4 Sec. 32 T 20 N 20 E Washoe County _____
 PERMIT NO. W-302B Parcel No. _____ Subdivision Name Wildereek Golf Course
Issued by Water Resources

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
<u>Red Yellow Clay, Broken Rock</u>		<u>0</u>	<u>5</u>	<u>5</u>
<u>Fine Sands</u>		<u>5</u>	<u>9</u>	<u>4</u>
<u>Yellow Clays, Broken Rock</u>		<u>9</u>	<u>60</u>	<u>51</u>
<u>Small Broken Rock</u>		<u>60</u>	<u>72</u>	<u>12</u>
<u>Gray Clays, Broken Rock</u>		<u>72</u>	<u>80</u>	<u>8</u>
<u>Gray Clays, Broken Rock</u>		<u>80</u>	<u>168</u>	<u>88</u>
<u>Gray Shale, Gray Blue Clay Fractured</u>		<u>168</u>	<u>240</u>	<u>72</u>
<u>Decomposed Granite, Fractured with Gray Clays</u>		<u>240</u>	<u>385</u>	<u>145</u>

8. WELL CONSTRUCTION
 Depth Drilled 385 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
8 Inches 0 Feet 385 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
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 60 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 4 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 Sargent Drilling, Inc. Contractor
 Address 9955 North Virginia Street Contractor
Reno, Nevada 89506
 Nevada contractor's license number issued by the State Contractor's Board 26917
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1540
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date June 26, 1992

Date started May 21, 1992
 Date completed June 17, 1992

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			