

OFFICE USE ONLY
 Log No. 42133
 Permit No. _____
 Basin 6-85
 NOTICE OF INTENT NO. 21883

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

1. OWNER U.S.G.S. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 333 W. Nye Ln, Rm 203 Carson City, NV 89706 2710 Sparisk Springs Rd Sparks
 2. LOCATION SW 1/4 SE 1/4 Sec 22 T 20 S R 70 E. Washoe County
 PERMIT NO. M/P 672 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 Auger

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|----------------------|--------------|------|----|-----------|
| Fine sand with silt | | 0 | 6 | 6 |
| Clay with silt | | 6 | 11 | 5 |
| Clay with silt green | | 11 | 27 | 16 |
| Clay with gravel | X | 27 | 30 | 3 |
| Clay with silt | | 30 | 41 | 11 |

8. WELL CONSTRUCTION
 Depth Drilled 41 Feet Depth Cased 41 Feet
 HOLE DIAMETER (BIT SIZE)
 From 4 Inches To 41 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>2</u> | | <u>PVC Sch-40</u> | | |

Perforations:
 Type perforation slot-milled
 Size perforation .020
 From 26 feet to 36 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 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

9. WATER LEVEL
 Static water level 19 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 6/2, 1993
 Date completed 6/3, 1993

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 | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name USGS
 Address 333 W. Nye Lane Carson City NV 89706
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1859 FP
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date June 4, 1993