

OFFICE USE ONLY
 Log No. 43754
 Permit No. 1
 Basin 89
 NOTICE OF INTENT NO. 20707

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 BETTY KELLY / ROBERTA ROYLE ADDRESS AT WELL LOCATION Lakeshore Dr.
 MAILING ADDRESS 5900 Foxtail Dr. Carson City, NV 89704
Reno, NV 89502
 2. LOCATION SE 1/4 NW 1/4 Sec. 6 T. 16N N/S R. 20 E Washoe County
 PERMIT NO. 050-320-10 New Washoe City
 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 MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top soil		0	1	1
Brown clay		1	9	8
Brown sandy clay		9	18	9
Gray clay		18	74	56
Coarse sands & gravels some clay streaks		74	99	25
Fine sands		99	102	3
Gray clay		102	114	12
Gray med. sand	X	114	124	10
Gray clay		124	133	9
Gray med. to fine sands	X	133	147	14
Gray clay		147	151	4
Sand		151	153	2
Gray sandy clay		153	165	12

8. WELL CONSTRUCTION
 Depth Drilled 165 Feet Depth Cased 165 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 165 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.188	0	165

Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 3 x 5 around
 From 120 feet to 160 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 165 feet

9. WATER LEVEL
 Static water level 4 feet below land surface
 Artesian flow 25 G.P.M. P.S.I.
 Water temperature cold °F Quality clear

Date started 11-8-93, 19____
 Date completed 11-10-93, 19____

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 Wayne Drilling, Inc. Contractor
 Address P.O. Box 12370 Contractor
Reno, NV 89510
 Nevada contractor's license number 22549
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 923
 Division of Water Resources, the on-site driller.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date November 13, 1993

NOV 15 11:55 AM '93
 STATE ENGINEERS OFFICE