

OFFICE USE ONLY
 Log No. 4415
 Permit No. 087085
 Basin 29347

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. 29347

1. OWNER USGS - Kiley #4a ADDRESS AT WELL LOCATION 7000 Pyramid Highway
 MAILING ADDRESS 333 W. Mye Ln Carson City, NV 89706 Sparks, NV
 2. LOCATION NW 1/4 SE 1/4 Sec 15 T 20 N R 20 E Washoe County
 PERMIT NO. M10-770 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	Thick-ness
Gravelly sandy silt		0	2	2
Silty sandy gravel		2	3	1
Gravel	X	3	3 1/2	1/2
Coarse sand	X	3 1/2	7	3 1/2
Clayey coarse sand	X	7	10	3
Silty sand	X	10	25	15
Gravel	X	25	26	1
Medium sand	X	26	27	1

'94 MAY 12 AIO/21
 STATE ENGINEER'S OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 27 Feet Depth Cased 27 Feet
 HOLE DIAMETER (BIT SIZE)
 From 4 3/4 Inches To 0 Feet 27 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>25</u>

Perforations:
 Type perforation Slot
 Size perforation .020
 From 25 feet to 27 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 5 feet Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 29 feet to 27 feet

9. WATER LEVEL
 Static water level 3.98 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 4/25, 1994
 Date completed 4/25, 1994

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 Armando R. Robledo, USGS Contractor
 Address 333 W. Mye Ln Contractor
Carson City NV
 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 _____
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 5/12/94