

PRINT OR TYPE ONLY
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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. **25002**

1. OWNER **Gene Speck**
 MAILING ADDRESS **5605 Axe Handle Road**
Reno, Nevada 89510

ADDRESS AT WELL LOCATION **Ironwood (off of)**
636 Mt. Lion Drive Palomino Valley

2. LOCATION **NE 1/4 NW 1/4 Sec 20 T. 22N N/S R 21E** Washoe County
 PERMIT NO. **4705 5045** 76-220-21 **Palomino U. Unit # 20.2.1.1 par. 3**

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
Topsoil		0	1	
Sand		1	3	
Black & White Granite		3	156	
Fracture		156	158	
Black & White Granite		158	180	
Fracture		180	183	
Black & White Granite		183	220	
Fracture		220	224	
Black & White Granite		224	319	
Fracture		319	330	
Black & White Granite		330	397	
Fracture		397	401	
Black & White Granite		401	458	
Fracture		458	463	
Black & White Granite		463	595	
Fracture		595	610	
Black & White Granite		610	848	
Fracture		848	852	
Black & White Granite		852	925	
Fracture		925	930	
Black & White Granite		930	1000	

8. WELL CONSTRUCTION
 Depth Drilled **1000** Feet Depth Cased **885** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
11	0	55	
8-5/8	55	885	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8"		.250 Solid	0	805
6-5/8"		.250 Slot	805	885

Perforations:
 Type perforation **Machine**
 Size perforation **3" x 1/8"**
 From **805** feet to **885** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **280** feet below land surface
 Artesian flow _____ G.P.M. ~~###~~ P.S.I.
 Water temperature **cold** °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 **Diamond Well Drilling Co.**
 Contractor

Address **1660 Old Airport Road**
 Contractor
Auburn, CA 95602-9381

Nevada contractor's license number **34841**
 issued by the State Contractor's Board.

Nevada driller's license number issued by the **1852**
 Division of Water Resources, the on-site driller.

Signed _____
 By driller performing actual drilling on site or contractor

Date _____

Date started **5/16/94**
 Date completed **6/7/94**

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 checked="" type="checkbox"/> Air Lift	12	605	5