

OFFICE USE ONLY
Log No. 44863
Permit No. M/O 755
Basin 090

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. 24705

1. OWNER CHEVRON SERVICE STATION ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 947 HWY. 28
INCLINE VILLAGE, NV. SAME
2. LOCATION SW 1/4 NE 1/4 Sec. 22 T. 16 N. R. 18 E. WASHOE County
PERMIT NO. M/O 755 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 MW-1

Material	Water Strata	From	To	Thickness
<u>YELLOW SAND</u>	<u>-</u>	<u>0</u>	<u>8'</u>	<u>8'</u>
<u>BROWN GRAVELLY SAND</u>	<u>-</u>	<u>8'</u>	<u>18'</u>	<u>10'</u>
<u>BROWN SANDY GRAVEL</u>	<u>-</u>	<u>18'</u>	<u>23'</u>	<u>5'</u>
<u>YELLOW-BROWN SAND</u>	<u>30'</u>	<u>23'</u>	<u>33'</u>	<u>10'</u>
<u>YELLOW-BROWN SANDY GRAVEL</u>		<u>33'</u>	<u>37'</u>	<u>4'</u>

94 JUN 16 P 1:36
STATE ENGINEERS OFF.

8. WELL CONSTRUCTION
Depth Drilled 37 Feet Depth Cased 35 Feet
HOLE DIAMETER (BIT SIZE)
From 8 Inches To 37 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>SCH. 40</u>	<u>PVC</u>	<u>0</u>	<u>35</u>

Perforations:
Type perforation FACTORY SLOT
Size perforation 0.02"
From 25 feet to 35 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 23' Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 23 feet to 37 feet

9. WATER LEVEL
Static water level 30 feet below land surface
Artesian flow N/A G.P.M. N/A P.S.I.
Water temperature COLD °F Quality N/A

Date started 2/8/94, 19____
Date completed 2/8/94, 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			
		<u>N/A</u>	

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name ANDRESEN EXPLORATION DRILLING Contractor
Address 1635 BELFORD RD.
RENO, NV. 89509
Nevada contractor's license number issued by the State Contractor's Board 0034525
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1028
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 6/11/94