

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. 27300

1. OWNER RON SANDUVAL ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2355 Country Cir. Sparks, NV 89434 7655 Shadow Lane Sparks, Nevada 89434
 2. LOCATION SE NW 1/4 SE NW 1/4 Sec 27 T. 20N N/S R. 20 E Washoe County _____
 PERMIT NO. R-228 035-310-13 Sparks behind Reed High School
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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Hooked up to City Water.				
Well too close to High Voltage Power Lines.				
WELL ABANDONMENT:				
Pressure grout well tremie pipe from bottom to surface. Finish at grade.				
20 sacks of Cement Type II used.				
Location:				
See log # 12616				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From	To
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation _____

Size perforation _____

From	feet to	_____ feet
From _____	feet to _____	_____ 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

Depth of Seal _____

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 9-30-94, 19____
 Date completed 9-30-94, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 WAYNE DRILLING, INC.
Contractor
 Address P.O. BOX 12370
Contractor
RENO, NEVADA 89510

Nevada contractor's license number 22549
 issued by the State Contractor's Board

Nevada driller's license number 923
 issued by the Division of Water Resources, the on-site driller

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date September 30, 1994