

OFFICE USE ONLY
 Log No. 52082
 Permit No. _____
 Basin. _____

I
30602

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. _____
 REFUSE, INC.

Consultant: KENNEDY/JENKS, INC.

1. OWNER KENNEDY/JENKS, INC. ADDRESS AT WELL LOCATION REFUSE, INC.
 MAILING ADDRESS 5190 Niel Road, Suite 300 Lockwood Landfill
Reno, Nevada 89502 Lockwood, Nevada

2. LOCATION CBDB 1/4 1/4 Sec. 23 T. 19N N/S R. 21 E Storey County
 PERMIT NO. M/O-253/R-280/MW-LI-4 04-131-03 E of Landfill area
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
MONITOR WELL ABANDONMENT:				
Static water level: <u>Not known</u>				
Total Depth: <u>373 ft.</u>				
Equipment used:				
<u>Service truck & 2 man crew</u>				
<u>Gorman Rupp Cement Pump w/electric mixer</u>				
<u>366 ft. x 1 1/2" dia. Tremie Pipe</u>				
<u>Generator</u>				
Materials used:				
<u>56 sacks of Portland Cement Type II</u>				
1.) <u>Measure static water level & total depth</u>				
2.) <u>Set Tremie Pipe to bottom of casing</u>				
3.) <u>Pump neat cement from bottom to surface</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ 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 April 22, 1996, 19____
 Date completed April 22, 1996, 19____

7. WELL TEST DATA

TEST METHOD: Bailor 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
RENO, NEVADA 89510 Contractor

Nevada contractor's license number 0022549
 issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources 908
 the on-site driller

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

Date April 30, 1996