

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 76903
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. **40312**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Herb Crowell ADDRESS AT WELL LOCATION 2717 Esaw
 MAILING ADDRESS 731 Bowles Lane
Gardnerville, NV 89410
 2. LOCATION NW 1/4 1/4 Sec. 35 T 14 N/S R 20 E Washoe County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 21-260-33 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	Thickness
Brown fine sand		0	10	
Brown fine sand with brown clay		10	12	2
Brown fine sand with large gravels		12	20	8
Multi colored volcanic rock		20	45	25
Multi colored volcanic rock with course sand		45	75	30
Brown sandy clay with multi colored volcanic rock		75	110	35
Brown clay		110	130	20
Multi colored course sand with brown sandy clay balls		130	235	105
Gray clay with multi colored course sand		235	280	45
Gray sandy clay balls with multi colored gravels		280	320	40
T.D. 320'				

8. WELL CONSTRUCTION
 Depth Drilled 320 Feet Depth Cased 320 Feet
 HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 320 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.92	.188	+1 1/2	320

Perforations:
 Type perforation Factory sawed
 Size perforation 3/32x3
 From 280 feet to 300 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 320 feet to 50 feet

9. WATER LEVEL
 Static water level 160 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 A.S.A.P. Pump & Well Service, Inc. Contractor
 Address P.O. Box 60130 Contractor
Reno, NV 89506
 Nevada contractor's license number issued by the State Contractor's Board 35387-A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2066
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 7/15/99

Date started 7/12/99, 19____
 Date completed 7/14/99, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
	<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	<u>20+</u>		<u>2 hours</u>