

OFFICE USE ONLY
 Log No. 84362
 Permit No. _____
 Basin. 87
 NOTICE OF INTENT NO. 47710

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

1. OWNER ALVIN PECETTI ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS 2250 foot Hill Road
Reno, Nevada 89511
 2. LOCATION SW NW 18 18N 20 E Washoe
 PERMIT NO. Letter 9-6-01 Parcel No. 040-750-08 Subdivision Name SW Reno area

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
WELL ABANDONMENT				
10-24-01				
Static water level @44.5 feet				
Total depth @77 feet				
Well located in bottom of a 7 ft. cement lined pit. Casing could not be pulled. Run perforator to 67 ft. Obstruction in casing. Perforate from 67 ft. back to 7 ft. 4 holes around on 6" intervaul. Mix & pump 16 sacks cement from 77 ft. back to surface.				
10-26-01				
Cement level @13 ft. No water in casing Mix & pour from top. 2 sacks cement to fill casing to top.				
Equipment: Mills Knife perforator, blade 2"x5/16 s Grout pump & mixer.				
Materials: 18 sacks Portland Cement Type II				

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

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started October 24, 2001, 19____
 Date completed October 26, 2001, 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			

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 issued by the State Contractor's Board 0022549
 Nevada driller's license number issued by the Division of Water Resources 908/923
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date October 29, 2001