

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 6393

PRINT OR TYPE ONLY

JIM GLASER

1. OWNER NORTHERN NEVADA LAND COMPANY ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P. O. BOX 18262
RENO, NEVADA 89511

2. LOCATION NE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. 19 T. 22 NSR 18 E. WASHOE County
 PERMIT NO. 79-020-01
 Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
alluvial silty clay		0	64	64
broken volcanic black rock - dry		64	140	76
hard rock		140	154	14
silty clay		154	375	221
No water bearing aquifer encountered.				
Owner acquiring financing to deepen and complete water well.				

8. WELL CONSTRUCTION

Diameter hole 6 inches Total depth 375 feet
 Casing record not cased
 Weight per foot _____ Thickness _____

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type _____
 Depth of seal NO SEAL feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
6-5/8" O.D. steel casing with plate installed
 Perforations: at surface as temporary seal
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name CHARLES SARGENT IRRIGATION, INC.
 Contractor
 Address 9955 NORTH VIRGINIA STREET RENO, NV 89506
 Contractor
 Nevada contractor's license number 21246
 Nevada contractor's drillers number 1392
 Nevada driller's license number 1388
 Actual Driller

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST

G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

Signed JUNE 9, 1986
 Date _____
 Contractor [Signature]