

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. 17267

1. OWNER SEENO CONSTRUCTION CO. ADDRESS AT WELL LOCATION 2270 KINTZKE LANE
 MAILING ADDRESS 4021 PORT CHICAGO HIGHWAY RENO, NV 89502
P.O. BOX 4113 CONCORD, CA 94524-4113

2. LOCATION SW 1/4 NW 1/4 Sec 19 T 19 N S R 20 E WASHOE County
 PERMIT NO. M/O-410 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 AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
MONITORING WELL W1				
ASPHALT CONCRETE	N	0	.5'	.5'
SANDY GRAVEL	N	.5'	1'	.5'
CLAYEY SAND	N	1'	7.8'	6.8'
with some gravel				
CLAYEY SAND	Y	7.8'	8.5'	.7'
SANDY CLAY,	Y	8.5'	12.5'	4'
trace to some gravel				

Plugged and Abandoned
 91 JUN 12 AM 5:00
 STATE ENGINEERS OF 5-21-Q
 by drilling out
 and backfilling
 with cement.

8. WELL CONSTRUCTION
 Depth Drilled 12.5 Feet Depth Cased 12.5 Feet

HOLE DIAMETER (BIT SIZE)
 From To
6.5 Inches 0 Feet 12.5 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2" PVC			0	12.5

Perforations:
 Type perforation SLOTTED @ 3" INTERVAL
 Size perforation SAW CUT
 From 7.5 feet to 12 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 #16 SILICA SAND
 From 5 feet to 12.5 feet

9. WATER LEVEL
 Static water level 7.8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started MAY 20 19 91
 Date completed MAY 20 19 91

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name _____ Contractor
 Address _____ Contractor

Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1629

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 6-10-91