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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 _____
 MAILING ADDRESS 4021 PORT CHICAGO HIGHWAY 2270 KURTZE LANE
P.O. BOX 4113 CONCORD, CA 94524-4113 RENO, NV 89502
 2. LOCATION SW 1/4, NW 1/4 Sec 19 T. 19 S R 20 E WASHOE County
 PERMIT NO. M/0-410 Parcel No. _____ Subdivision Name _____
Issued by Water Resources

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
<u>MONITORING WELL W2</u>				
<u>ASPHALT CONCRETE</u>	<u>N</u>	<u>0</u>	<u>.5'</u>	<u>.5'</u>
<u>SANDY GRAVEL</u>	<u>N</u>	<u>.5'</u>	<u>1'</u>	<u>.5'</u>
<u>CLAYEY SAND</u>	<u>N</u>	<u>1'</u>	<u>5'</u>	<u>4'</u>
<u>SANDY CLAY</u>	<u>N</u>	<u>5'</u>	<u>9.1'</u>	<u>4.1'</u>
<u>SANDY CLAY</u>	<u>Y</u>	<u>9.1'</u>	<u>13.5'</u>	<u>4.4'</u>
<u>Plugged and Abandoned</u>				
<u>5-21-91</u>				
<u>by drilling out and</u>				
<u>backfilling with</u>				
<u>cement.</u>				
<u>'91 JUN 12 AM 051</u>	<u>STATE ENGINEER</u>			

8. WELL CONSTRUCTION
 Depth Drilled 13.5 Feet Depth Cased 13.5 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet 13.5 Feet
6.5 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)
<u>2" PVC</u>			<u>0</u>	<u>13.5</u>

Perforations:
 Type perforation SLOTTED @ 3" INTERVAL
 Size perforation SAW CUT
 From 5.5 feet to 13.50 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 3.5 feet to 13.5 feet

9. WATER LEVEL
 Static water level 9.1 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 _____ 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 _____
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 6-10-91

Date started MAY 20, 1991
 Date completed MAY 20, 1991

7. WELL TEST DATA

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