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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 KIETZKE LANE  
P.O. Box 4113 Concord, CA 94524-4113 RENO, NV 89502  
 2. LOCATION SW 1/4 NW 1/4 Sec. 19 T. 19 NS R. 20 E. WASHOE County  
 PERMIT NO. M/0-410 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	Thickness
MONITORING WELL W2				
ASPHALT CONCRETE	N	0	.5'	.5'
SANDY GRAVEL	N	.5'	1'	.5'
CLAYEY SAND	N	1'	5'	4'
SANDY CLAY	N	5'	9.1'	4.1'
SANDY CLAY	Y	9.1'	13.5'	4.4'
<u>Plugged and Abandoned</u>				
<u>5-21-91</u>				
<u>by drilling out and backfilling with cement.</u>				

'91 JUN 12 AM 051  
 RECEIVED  
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION  
 Depth Drilled 13.5 Feet Depth Cased 13.5 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 6.5 Inches To 13.5 Feet  
 \_\_\_\_\_ 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 3.5 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 \_\_\_\_\_

Date started MAY 20 1991  
 Date completed MAY 20 1991

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			

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