

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 _____
MAILING ADDRESS 421 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. M10-410 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
<u>MONITORING WELL W3</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>SANDY CLAY</u>	<u>N</u>	<u>1'</u>	<u>4.7'</u>	<u>3.7'</u>
<u>SANDY CLAY</u>	<u>Y</u>	<u>4.7'</u>	<u>13.5'</u>	<u>8.8'</u>

Plugged and Abandoned
5-21-91
by drilling out
and backfilling
with cement.

'91 JUN 12 AUG 51 STATE ENGINEER

8. WELL CONSTRUCTION
Depth Drilled 13.5 Feet Depth Cased 13.5 Feet
HOLE DIAMETER (BIT SIZE)
From To
6.5 Inches 0 Feet 13.5 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" INTERNAL
Size perforation SAW CUT
From 3.5 feet to 13.0 feet
From _____ feet to _____ feet
Surface Seal: Yes No Seal Type:
 Neat Cement
Depth of Seal _____ Cement Grout
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No #16 SILICA SAND
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 4.7 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 _____
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: Bailer Pump Air Lift

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