

WELL DRILLERS REPORT

NOTICE OF INTERFERE NO. 254204

PRINT OR TYPE ONLY

Please complete this form in its entirety

1. OWNER Sierra Pacific Power Co. ADDRESS AT WELL LOCATION same
 MAILING ADDRESS 346 N. Maine St
Fallen 89406

2. LOCATION NE 1/4 SW 1/4 Sec 30 T. 19 N S R. 29 E Lyon County
 PERMIT NO. M/0 464
Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE Monitoring
 Domestic Irrigation Test
 Municipal Industrial Stock Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand</u>		<u>0</u>	<u>2.5</u>	<u>2.5</u>
<u>Sandy Clay</u>		<u>2.5</u>	<u>5</u>	<u>2.5</u>
<u>Sand</u>	<u>X</u>	<u>5</u>	<u>7.5</u>	<u>2.5</u>
<u>Clayey sand</u>	<u>X</u>	<u>7.5</u>	<u>10.5</u>	<u>3</u>
<u>Silty Clay</u>	<u>X</u>	<u>10.5</u>	<u>13</u>	<u>2.5</u>
<u>Sand</u>	<u>X</u>	<u>13</u>	<u>18</u>	<u>5</u>

'91 OCT 23 10:45
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Diameter hole 8 inches Total depth 18 feet
 Casing record PVC Blank
 Weight per foot _____ Thickness Sch 40
 Diameter 2 inches From 0 feet To 3 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Neat Cement
 Depth of seal 2 feet
 Gravel packed: Yes No
 Gravel packed from 2.5 feet to 18 feet
 Perforations:
 Type perforation Machine slot
 Size perforation 0.020"
 From 3 feet to 18 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 5.99 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature 75 ° F. Quality _____

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name West Hazmat Drilling Corp.
Contractor
 Address 3233 Fitzgerald Rd, Rancho Cordova
Contractor
 Nevada contractor's license number 31386
 Nevada contractor's drillers number 1723
 Nevada driller's license number M 1784
Actual Driller
 Signed Michael J. Bell
Contractor
 Date 10-18-91

Date started 10-9-10 1991
 Date completed 10-10-11 1991

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