

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. 22868

1. OWNER SIERRA NV JOBCC ADDRESS AT WELL LOCATION BLD 05 #122
MAILING ADDRESS Box 60009 Reno NV 89500 CLLCA AVE STEAD NV

2. LOCATION NW 1/4 SW 1/4 Sec. 29 T 21 R 19 E WASH CO County
PERMIT NO. 954 86-143-03 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 192A

6. LITHOLOGIC LOG MW #2

Material	Water Strata	From	To	Thick-ness
<u>CLAYEY SAND</u>		<u>0</u>	<u>10</u>	<u>10</u>
<u>FINE SAND</u>		<u>15</u>	<u>15</u>	<u>5</u>
<u>FINE- COARSE SANDS</u>		<u>15</u>	<u>30</u>	<u>15</u>
			<u>Total</u>	<u>30</u>

8. WELL CONSTRUCTION
Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)
From 10 Inches To 30 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>	<u>SC1440</u>	<u>PVC</u>	<u>0</u>	<u>30</u>

Perforations:
Type perforation FACTORY
Size perforation 0.20
From 8 feet to 30 feet
From feet to feet
From feet to feet
From feet to feet

Surface Seal: Yes No Seal Type:
Depth of Seal 8 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 8 feet to 30 feet

9. WATER LEVEL
Static water level 15 feet below land surface
Artesian flow NA G.P.M. NA P.S.I.
Water temperature 60.0 °F Quality NA

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge
Name Anderson Drilling
Address 1635 Belford Rd, Reno NV, 89509
Nevada contractor's license number 34525 issued by the State Contractor's Board.
Nevada driller's license number issued by the Division of Water Resources the on-site driller 1028
Signed Carl Anderson
By driller performing actual drilling on site or contractor
Date 8/18/95

Date started 7-21, 1995
Date completed 7-21, 1995

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			

RECEIVED
95 SEP 20 AM 11:27
STATE ENGINEER'S OFFICE