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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 INCIDENT NO. 32180

1. OWNER BANK ONE US BANK ADDRESS AT WELL LOCATION 801 LORRAINE ST  
 MAILING ADDRESS 801 LORRAINE ST  
CLKO NV  
 2. LOCATION SE 1/4 NE 1/4 Sec 15 T. 36 N. S. R. 55 E. CLKO County  
 PERMIT NO. NV 922 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 USA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ASPHALT		0"	4"	
Fill		4"	1.5'	
SANDY clay		1.5'	3.5'	
Clayey SAND		3.5'	5.25'	
SANDY clay		5.25'	7'	
SANDY <del>clay</del> silt		7'	12.25'	
<del>SANDY clay</del> silty clay		12.25'	14'	
Clayey SAND		14'	15.25'	
Gravelly clay		15.25'	18'	
Gravelly SAND		18'	22'	
Clayey SAND		22'	24.5'	
gravelly SAND		24.5'	30'	

MW-6

8. WELL CONSTRUCTION

Depth Drilled.....Feet Depth Cased.....Feet

HOLE DIAMETER (BIT SIZE)

From To  
8 1/4" Inches 0 Feet 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>2"</u>		<u>sch 40</u>	<u>0</u>	<u>10</u>

Perforations:  
 Type perforation SKT  
 Size perforation 1/20  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 10 feet to 30 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

9. WATER LEVEL

Static water level 21.26' feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 7-26-95 19\_\_\_\_  
 Date completed 7-26-95 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name NEVADA Drilling Inc Contractor  
 Address 75 Jewers Creek Rd Contractor  
Carson City NV 89704  
 Nevada contractor's license number 13697A  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the 1902  
 Division of Water Resources, the on-site driller  
 Signed John S. Smith  
 By driller performing actual drilling on site or contractor  
 Date 7-27-95