

OFFICE USE ONLY
 Log No. 55091
 Permit No. _____
 Basin 108

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. _____

1. OWNER Doug + Beatrice Rossman ADDRESS AT WELL LOCATION 82 N. By Bee Lane
 MAILING ADDRESS P.O. Box 90994 Yerington Nev 89442
City of Industrial, Cal 91715
 2. LOCATION SW 1/4 NW 1/4 Sec 26 T 14 N S R 26 E 2y07 County _____
 PERMIT NO. 14-351-06 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 _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---|--------------|------|----|-----------|
| <u>Place neat cement from bottom to top 11 bag pumped no water over top of well</u> | | | | |
| <u>Well cased in @ water level 49'3" 6" OD casing in bad shape top to bottom water poor</u> | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____
 _____ 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>6</u> | <u>-</u> | <u>.125</u> | <u>0</u> | <u>49'3"</u> |

PER Telephone call to MATT DILLON on 8-28-94 @ 2:31 OK to pump neat cement only

Perforations:

Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: _____
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 10-4, 1994
 Date completed 10-4, 1994

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|----------|-------------------------------|--------------|
| <u>X</u> | | |

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality POOR

10. DRILLER'S CERTIFICATION

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

Name Ogden Bros Drilling Contractor
 Address 162 N. By Bee Lane Contractor
Yerington Nev 89442

Nevada contractor's license number issued by the State Contractor's Board 15646
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 634

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 11-22-94