

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. 4193
 KAISER MICRON L.L.C.

Consultant: ERM-West, Inc. Client: _____
 1. OWNER _____ ADDRESS AT WELL LOCATION: NEAR TRACY
 MAILING ADDRESS: 455 Capitol Mall, Suite 800 Sparks, NV
Sacramento, CA 95814
 2. LOCATION: N 1/4 SE 1/4 Sec. 32 T. 20N N/S R. 22 E Storey County
 PERMIT NO. M/O 1087 MW/-2 Aband. 1-A 4-091-27 East of Sparks, NV
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 TUBEX

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Silty sand, brown, loose, dry, well graded		0	3	3
Gravelly sand, brown & grey, coarse, well graded		3	9	6
Sandy gravel, grey & brown, coarse, very tightly compacted gravel dia. ≤ 1"		9	17	8
Sandy gravel & cobbles grey, coarse cobbles or granite layers are as thick as 24"		17	36	19
Granite, grey, very hard, slow draining		36	40	4
Refusal at 40 feet				
Dry hole.				
Backfill with native soil				

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)

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

9. WATER LEVEL
 Static water level _____ 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: WAYNE DRILLING, INC. Contractor
 Address: P.O. BOX 12370 Contractor
RENO, NEVADA 89510
 Nevada contractor's license number issued by the State Contractor's Board: 22549
 Nevada driller license number issued by the Division of Water Resources, the on-site driller: 908
 Signed: [Signature]
 By driller performing actual drilling on site or contractor
 Date: December 16, 1996

Date started 10-28-96, 19_____
 Date completed 10-28-96, 19_____
 RECEIVED
 17 JUN 19 2:41 PM '96
 STATE ENGINEERS OFFICE

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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