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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. 33529

1. OWNER Funding Parties ADDRESS AT WELL LOCATION stead solvent site  
 MAILING ADDRESS corner of Alpha + Mt. Anderson  
 2. LOCATION N 1/4 SE 1/4 NE 1/4 Sec 30 T 21 N R 19 E E County  
 PERMIT NO. 90-050-52, 59, 54, 58 + 60 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 auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
MW 12				
silty sand		0	5	5
sand		5	11	6
clay	20	11	21	20
sand		21	31	10

8. WELL CONSTRUCTION  
 Depth Drilled 0-31 Feet Depth Cased..... Feet  
 HOLE DIAMETER (BIT SIZE)  
 8 Inches 0 Feet 31 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  
 From..... feet to..... feet  
 From..... feet to..... feet  
 From..... feet to..... feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 0-31  Neat Cement  
 Cement Grout  
 Placement Method:  Pumped  Concrete Grout  
 Poured

Gravel Packed:  Yes  No  
 From..... feet to..... feet

9. WATER LEVEL  
 Static water level 20.0 feet below land surface  
 Artesian flow..... G.P.M. .... P.S.I.  
 Water temperature..... °F Quality.....

Date started 4-30 19 97  
 Date completed 5-2 19 97

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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 Tom Western Strata Exploration Contractor  
 Address P.O. Box 1664 Contractor  
West Sacto, CA 95691  
 Nevada contractor's license number 0034236A  
 issued by the State Contractor's Board.  
 Nevada driller's license number issued by the M1977  
 Division of Water Resources, the on-site driller.  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 6-18-97

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 57 AUG -11 AM 11:58  
 STATE ENGINEER'S OFFICE