

MW 6A

N 39° 36.628' W 119° 10.651'

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 95408
Permit No. M/6 1333
Basin OTC

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. 53562

1. OWNER Fernley Utilities ADDRESS AT WELL LOCATION _____
MAILING ADDRESS _____

2. LOCATION SW 1/4 SE 1/4 Sec. 9 T. 20 S. R. 25 E. Lyon County _____
PERMIT NO. M/6 1333 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____
4. PROPOSED USE Domestic Municipal/Industrial Irrigation Test Monitor Stock
5. WELL TYPE Cable Rotary RVC Air Other ARJER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>0-2' PIT RUN GRAVEL</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>2'-10' Clean Sand</u>		<u>2</u>	<u>10</u>	<u>8</u>
<u>10'-20' Clean Sand</u>		<u>10</u>	<u>20</u>	<u>10</u>
<u>20'-30' Silty Sand</u>		<u>20</u>	<u>30</u>	<u>10</u>
<u>30'-40' Silty Sand</u>		<u>30</u>	<u>40</u>	<u>10</u>
<u>40'-45' Sandy Silt</u>		<u>40</u>	<u>45</u>	<u>5</u>

8. WELL CONSTRUCTION
Depth Drilled 45 Feet Depth Cased 45 Feet
HOLE DIAMETER (BIT SIZE)
From 6 Inches To 0 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE SC440

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>			<u>0</u>	<u>45</u>

Perforations:
Type perforation SAWCUT
Size perforation .020
From 45 feet to 42 1/2 feet
From 32 1/2 feet to 27 1/2 feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
Depth of Seal 18'
Placement Method: Pumped Poured
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 33' 10 1/2" feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 8/19/04, 20____
Date completed 8/19/04, 20____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

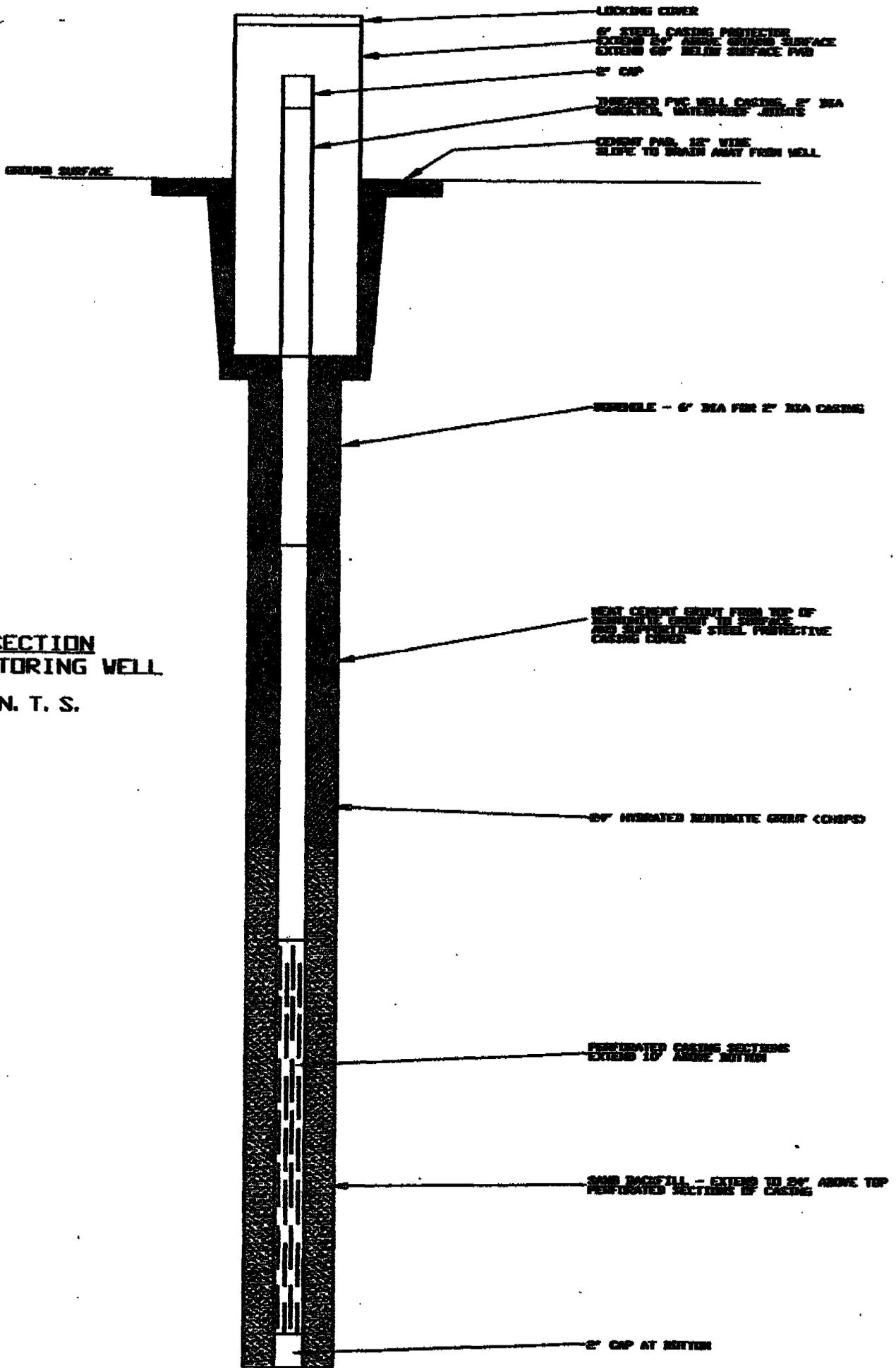
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name John Egan M2045
Address 10000 ROAD RUNNER RD
RENO NV 89510
Nevada contractor's license number issued by the State Contractor's Board 34525
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2045
Signed John Egan
By driller performing actual drilling on site or contractor
Date 8/26/04



**SECTION
MONITORING WELL**

N. T. S.



STATE ENGINEERS OFFICE

04 AUG 31 AM 10:18

FILE # 1000