

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY

Log No. 107789
Permit No. _____
Basin 090

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 63452

1. OWNER CHEORON ENV. Management CO. ADDRESS AT WELL LOCATION 947 TANCE BLVD.
MAILING ADDRESS 6001 BOLLINGER CANYON RD. Incline Village, NV 89451
San Ramon, CA 94583 Subdivision Name: _____ County: WASHOE

2. LOCATION NAD 1/2 Sec 15 T 16 N/S R 18 E Latitude 39°14.897' UTM E NAD 27
PERMIT/WAIVER No. US-676-8 V32-231-159 Longitude 119°56.829' N NAD 83/WGS 84

Issued by Water Resources Parcel No. 10

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other SONIC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Silty sand with intermixed granite boulders, sand</u>				
<u>LENES</u>		<u>0</u>	<u>28</u>	<u>28</u>
<u>SAME MATERIAL</u>	<u>X</u>	<u>28</u>	<u>56</u>	<u>28</u>
<u>DARKEN w/saturation</u>				
<u>N39.248389</u>				
<u>W 119.946144 NAD27</u>				

9. WELL CONSTRUCTION

Depth Drilled 56 Feet Depth Cased 54 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>6</u>	<u>0</u>	<u>56</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>Schd 40 AUC</u>	<u>0</u>	<u>24</u>

Perforations:

Type of perforation AUC SCREEN
Size of perforation 020

From 24 feet to 54 feet

Annular Seal: Yes No

Neat Cement 0 to 19 Pumped Poured
 Cement Grout Pumped Poured
 Concrete Grout Pumped Poured
 ≥30% Bentonite Grout Pumped Poured

Gravel Pack: Yes No 22 to 56 Pumped Poured
Type: MONTEREY #3

Bentonite Chips: Yes No 19 to 22 Pumped Poured
Type: Hole plug 3/8"

7. Water Level

Static water level: 35 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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NOV 10 PM 1:38
STATE ENGINEERS OFFICE

10. DRILLER'S CERTIFICATION

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

Name BOBERT LONGJEAN Contractor
Address 3894 RAILROAD AVE
Yuba City, CA 95991
Nevada contractor's license number _____
issued by the State Contractor's Board 0021976
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2234

Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 10-15-08

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY