

WELL DRILLER'S REPORT

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

OFFICE USE ONLY

Log No. 84181  
 Permit No. \_\_\_\_\_  
 Basin 87

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 47184

1. OWNER Cambria Water ADDRESS AT WELL LOCATION 2470 East Second St Reno NV  
 MAILING ADDRESS 270 Perkins St. Sanoma Cal 95146

2. LOCATION SE 1/4 NE 1/4 Sec. 10 T. 19 N. R. 19 E. Washoe County  
 PERMIT NO. \_\_\_\_\_ 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 sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Back fill due to tank extraction early summer time		0	22	22
Cobble and Rocks very little sand		22	35	13
Cobbles and Rock 50% Corals		35	39	4
Cobbles and Corals very little sand	39	39	45	6
Cobbles sand and very little sand		45	50	5

8. WELL CONSTRUCTION  
 Depth Drilled 50 Feet Depth Cased 48 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 6 Inches To 48 Feet  
 From 8 Inches To 50 Feet  
 From \_\_\_\_\_ Inches To \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4"		3/4 40	0	33 48

Perforations:  
 Type perforation Factory  
 Size perforation 020  
 From 33 feet to 48 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 25  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 31 feet to 50 feet

9. WATER LEVEL  
 Static water level 39 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 8/8/01, 19\_\_\_\_  
 Date completed 8/10/01, 19\_\_\_\_

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 Nathan L. Jackson Contractor  
 Address P.O. Box 1000 Dayton NV 89403 Contractor  
 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 212168  
 Signed [Signature] By driller performing actual drilling on site or contractor  
 Date 8/13/01