

003625n
PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

*5 wells
8"*

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. 30687

1. OWNER PATTY MATHENY ADDRESS AT WELL LOCATION 401 S. 2ND ST.
MAILING ADDRESS 401 S. 2ND ST.
BEATTY NV 89003 BEATTY NV. 89003
2. LOCATION N 1/4 SE 1/4 Sec. 7 T. 12 N/S R. 47 E NVE County
PERMIT NO. 18-266-05 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>REMOVED WELL BOXES</u>				
<u>PULLED/ALTERED TO PILE CASING</u>				
<u>FILLED FROM BOTTOM TO TOP WITH BENTONITE CHIPS</u>				
<u>SOME ON TOP</u>				
<u>MAP DATUM WES 84</u>				
<u>AS 5 36°54.367N 116°45.390W</u>			<u>25'</u>	
<u>AS 4 36°54.370N 116°45.393W</u>			<u>25'</u>	
<u>AS 3 36°54.376N 116°45.403W</u>			<u>25'</u>	
<u>AS 1 36°54.383N 116°45.413W</u>			<u>25'</u>	
<u>AS 2 36°54.384N 116°45.411W</u>			<u>25'</u>	

8. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches _____ Feet _____
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

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

Perforations:
Type perforation _____
Size perforation _____
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 _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From _____ feet to _____ feet

DCNR/DWR
RECEIVED
APR 26 2007

Date started 4/24, 2007
Date 4/25, 2007
LAS VEGAS OFFICE

7. 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			

9. WATER LEVEL
Static water level 13 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 EPIC Drilling Services LLC Contractor
Address 7150 PUNO ST. Contractor
LAS VEGAS NV 89119
Nevada contractor's license number issued by the State Contractor's Board 51266
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 11-2772
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 4/25/07