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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

Log No. _____
 Permit No. _____
 Basis *179*

NOTICE OF INTENT NO. *63558*

1. OWNER *Gaylord Harv* ADDRESS AT WELL LOCATION *3535 North 1st Street east, Ely NV 89315*
 MAILING ADDRESS *6170 Judson Ave Las Vegas NV 89156*
 2. LOCATION *5/16 1/4 S/E 1/4 Sec. 7 T 17 R 64 E White Pine* County
 PERMIT NO. *582 NE 010-310-09* 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	Thick-ness
<i>TOP soil</i>		<i>0</i>	<i>3</i>	
<i>sand-gravel-boulders</i>		<i>3</i>	<i>70</i>	<i>67</i>
<i>sand-gravel-clay</i>		<i>20</i>	<i>76</i>	<i>6</i>
<i>gravel-boulders</i>	<i>X</i>	<i>76</i>	<i>128</i>	<i>52</i>
<i>Hard Rock</i>		<i>128</i>	<i>130</i>	<i>2</i>
<i>GPS wgs 87</i>				
<i>N 39° 21.428</i>				
<i>w 114° 48.503</i>				
<i>39.357205 N</i>				
<i>114.807520 W</i>				
<i>NAD 27 (TA)</i>				

8. WELL CONSTRUCTION
 Depth Drilled *130* Feet Depth Cased *130* Feet
 HOLE DIAMETER (BIT SIZE)
 From *10 5/8* Inches To *130* Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<i>6 1/2</i>	<i>PVC</i>	<i>Sch 40</i>	<i>0</i>	<i>130</i>

Perforations:
 Type perforation *saw cut*
 Size perforation *4 1/2" x 3"*
 From *55* feet to *130* feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal *50'*
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From *50* feet to *130* feet

9. WATER LEVEL
 Static water level *54* feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature *cold* °F Quality *good*

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name *Davis Drilling and Pumps* Contractor
 Address *HC 61 Box 54* Contractor
Hiko NV 89017
 Nevada contractor's license number issued by the State Contractor's Board *0028266*
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller *1191*
 Signed *Mike Davis*
 By driller performing actual drilling on site or contractor
 Date *7-9-09*

Date started *7-3-09*, 20____
 Date completed *7-7-09*, 20____

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<i>35</i>		<i>2</i>