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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. \_\_\_\_\_  
 Basin: **703**

NOTICE OF INTENT NO **57135**

1. OWNER **Lyons County Utilities** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS **34 Lakes Blvd Dayton NV 89403** **147730.34.2 N**  
**2350073.6 E NVD83**  
 2. LOCATION **S.W. 1/4, NE 1/4 Sec 7 T. 16 N. R. 22 E LYONS** County \_\_\_\_\_  
 PERMIT NO. **R-018** Issued by Water Resources Parcel No. **016-351-15** Subdivision Name **Well # 16-22-7 NE-1**

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	Thickness
Tan sand with silt		0	10	
Tan sand		10	11	
Fine grained Brown sand with gravel		11	14	
Brown sand Fine to coarse		14	30	

**39.267920° N**  
**119.554135° W**  
**NAD 27**

8. WELL CONSTRUCTION  
 Depth Drilled **30** Feet Depth Cased **30** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **6** Inches To **30** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>2</b>		<b>slt 40</b>	<b>0</b>	<b>30</b>

Perforations:  
 Type perforation **slots**  
 Size perforation **0.20**  
 From **20** feet to **30** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **18**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **30** feet to **30** feet

9. WATER LEVEL  
 Static water level **12** 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.

Date started **9-8**, 20**07**  
 Date completed **9-8**, 20**07**

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			
<b>pump</b>	<b>1</b>	<b>NA</b>	<b>1</b>

Name **WDC** Contractor  
 Address **Po Box 141** Contractor  
**Zamora CA 95698**  
 Nevada contractor's license number **12852**  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **211**  
 Signed **Jim Whitley**  
 By driller performing actual drilling on site or contractor  
 Date **1-8-08**