

PRINT OR TYPE ONLY
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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

NOTICE OF INTENT NO. **56408** (1)

1. OWNER **Don + Raylene Smith** ADDRESS AT WELL LOCATION **Highway 5, Rangeland**
 MAILING ADDRESS **P.O. Box 306, Smith, Nev. 89430**
 2. LOCATION **NW SW 1/4 Sec. 7, T. 11, N. R. 23 E. 5 Rangeland Pl.** County **Sycuan**
 PERMIT NO. **9-084-03** Issued by Water Resources Parcel No. **11** Subdivision Name **River View Estates**

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
19.9 Top soil		0	3	3
Gravel + Sand		3	12	9
fine gravel		12	20	8
Sand + clay mix	<input checked="" type="checkbox"/>	20	85	65
Coarse sand	<input checked="" type="checkbox"/>	85	110	25
Coarse sand + gravel	<input checked="" type="checkbox"/>	110	125	15
black fine sand	<input checked="" type="checkbox"/>	125	145	20
blue clay with sand		145	180	35
brown sandy clay		180	200	20
Coarse gravel + sand	<input checked="" type="checkbox"/>	200	235	35

8. WELL CONSTRUCTION
 Depth Drilled **235** Feet Depth Cased **235** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **235** Feet
 From **0** Feet To **235** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 7/8		18 8	0	235

Perforations:
 Type perforation **factory saw slott**
 Size perforation **3/32**
 From **2 15** feet to **2 35** feet

Surface Seal: Yes No Seal Type **Neat Cement**
 Depth of Seal **60**
 Placement Method: Pumped Poured
 Cement Grout Concrete Grout

Gravel Packed: Yes No
 From **60** feet to **2 35** feet

Date started **April 8**, 20 **06**
 Date completed **June 10**, 20 **06**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
25	10 FT	5 hrs

9. WATER LEVEL
 Static water level **60** 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 **Edmund Mills** Drilling Contractor
 Address **P.O. Box 92 Smith Nev.**
 Nevada contractor's license number issued by the State Contractor's Board **32166A**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **718**
 Signed **Edmund Mills**
 By driller performing actual drilling on site or contractor
 Date **June 17 - 06**