

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 118161
Permit No. _____
Basin 076

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

1. OWNER John Forster Forster ADDRESS AT WELL LOCATION 3510 Farm District RD
MAILING ADDRESS 3510 Farm District RD Subdivision Name: _____
3500 Family NW County: Yarrow
2. LOCATION SW 1/4 Sec 22 T120 N35 R25 E Latitude 39° 35.174 UTM E NAD 27
PERMIT/WAIVER No. 021471-07 Longitude 119° 09.570 N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
Sand		0	18	18
Gritty Brown Clay		18	60	42
Gravel		60	83	23
Medium size Sand		83	98	15
Large Sand and Chip Rock with Clay		98	157	59
Dense Brown Clay		157	175	18

9. WELL CONSTRUCTION
Depth Drilled 175 Feet Depth Cased 175 Feet
HOLE DIAMETER (BIT SIZE)
From 12 1/4 inches To 175 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/FL (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 5/8</u>		<u>.188</u>	<u>72</u>	<u>175</u>

Perforations:
Type of perforation Factory
Size of perforation 3/32
From 115 feet to 155 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 103 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 105 to 103 Pumped Poured
Type: 3/8
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 12-3-12
Date completed: 12-7-12

7. Water Level
Static water level: N/A feet below land surface
Artesian Flow: No G.P.M. 25+ P.S.I.
Water Temperature: cold °F
Quality: Clear

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25+</u>	<u>N/A</u>	<u>4</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name BLAIN DRILLING & PUMP CO INC.
Address P.O. Box 1255
Carson City, NV 89702
Nevada contractor's license number 46498A
issued by the State Contractor's Board 46497
Nevada driller's license number issued by the 2321
Division of Water Resources, the on-site driller
Signed C. Tolson
By driller performing actual drilling on site or contractor
Date 12-21-12

USE ADDITIONAL SHEETS IF NECESSARY