

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 2655

1. OWNER Martha Griffen ADDRESS AT WELL LOCATION Griffen Ranch
 MAILING ADDRESS Smith, NV 89430 Lower Colony Rd
 2. LOCATION NE 1/4 SE 1/4 Sec. 34 T 11 N/S R. 23 E LYON County
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy loam topsoil		0	14	14
Sand & Gravel	X	14	39	25
Blue Sandy Clay		39	42	3
Brown Sand		42	60	18
Blue Sandy Clay		60	68	8
Fine Sand & Gravel	X	68	98	30
Blue Sandy Clay		98	110	12
Brown Sand		110	145	35
Blue Sandy Clay		145	220	75
Coarse Sand & Gravel	X	220	250	30

8. WELL CONSTRUCTION

Diameter hole 8 inches Total depth 250 feet
 Casing record 0-250
 Weight per foot _____ Thickness 188
 Diameter _____ From _____ To _____
12 inches _____ feet 50 feet
8 inches 50 feet 250 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal 0-50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Saw Slot
 Size perforation 2 1/2 x 3/32
 From 220 feet to 240 feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 25 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F. Quality Good

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Edmund Miller Contractor
 Address Box 92 Smith, NV Contractor
 Nevada contractor's license number 12272
 Nevada contractor's drillers number 718
 Nevada driller's license number 1226 Actual Driller
 Signed Edmund Miller Contractor
 Date 4-15-84

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>20</u>	<u>0-0</u>	<u>4</u>

BAILER TEST

G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours