

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

OFFICE USE ONLY
 Log No. 42535
 Permit No. _____
 Basin. 8-101
 NOTICE OF INTENT NO. 25226

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 Bill Betts ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 7994 Springfield Silver Springs, NV 89429 3090 E. Badger Silver Springs, NV 89429
 2. LOCATION NE 1/4 SE 1/4 Sec. 20 T. 17 N. R. 25 E. Lyon, NV County _____
 PERMIT NO. _____ Parcel No. 17 482 15 Subdivision Name Stockton Sub # 3
 Issued by Water Resources _____

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
fine sand		0	4	4
sand + hard clay		4	10	6
sand		10	35	25
sand + brown clay		35	45	10
light brown clay		45	110	65
dark brown clay		110	120	10
gray clay		120	123	3
gray clay + black sand	x	123	126	3
beige clay + sand	x	126	130	7
brn. clay + gravel	x	130	140	10
white sand + gravel	x	140	150	10

8. WELL CONSTRUCTION
 Depth Drilled 153 Feet Depth Cased 153 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 1/2 Inches 0 Feet 50 Feet
6 Inches 50 Feet 153 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6		188	0	153

Perforations:
 Type perforation Factory Flatted
 Size perforation 3" x 3/32
 From 133 feet to 153 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 0 feet to 50 feet

9. WATER LEVEL
 Static water level 52 feet below land surface
 Artesian flow NO G.P.M. _____ P.S.I. _____
 Water temperature cold °F Quality good

Date started 9 17 1993
 Date completed 9 23 1993

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20*</u>	<u>20 ft.</u>	<u>1 hr.</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Ed Miller Contractor
 Address P.O. 92 Smith, NV 89430 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 32166
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1806
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9/23/93