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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 24513

1. OWNER PAT ECHUARRIA ADDRESS AT WELL LOCATION MARTIN CREEK RD
MAILING ADDRESS 140 E. 1st STREET
PARADISE VALLEY, NV. 89
2. LOCATION NE 1/4 NE 1/4 Sec. 30 T 42 N/S R 40 E HUMBOLDT County
PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

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	Thickness
TOP SOIL		0	3	3
HARD PAN		3	5	2
DRY GRAVEL		5	25	20
DG SAND / CLAY SEAMS		25	48	23
SAND / CLAY SEAMS		48	58	10
SOFT BROWN CLAY		58	60	2
DG SAND		60	64	4
DG SAND / CLAY SEAMS		64	70	6
DG SAND / CLAY SEAMS		70	76	6
BIG GRAVEL		77	80	4
SOFT BROWN CLAY		80	89	9
GRAVEL / CLAY SEAMS		89	105	16
BIG GRAVEL		105	120	15

8. WELL CONSTRUCTION
Depth Drilled 120 Feet Depth Cased 120 Feet
HOLE DIAMETER (BIT SIZE)
From 8 Inches To 0 Feet 120 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>		<u>.188</u>	<u>0</u>	<u>120</u>

Perforations:
Type perforation SAW SLOT
Size perforation 1/4 x 2
From 100 feet to 120 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 _____ feet to _____ feet

9. WATER LEVEL
Static water level 15 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature COOL °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 DAVE McNINCH Contractor
Address PO BOX 585 Contractor
WINN, NV. 89445
Nevada contractor's license number issued by the State Contractor's Board 5437
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1712
Signed Mike McNinch
By driller performing actual drilling on site or contractor
Date 7/28/95

Date started JUNE 28 1995
Date completed JULY 12 1995

7. WELL TEST DATA

TEST METHOD	TEST METHOD: <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
	G.P.M.	Draw-Down (Feet Below Static)	Time (Hours)
<u>30+ 1</u>	<u>80</u>	<u>3 HRS</u>	
<u>55</u>			