

OFFICE USE ONLY
 Log No. 62962
 Permit No. 107
 Basin 107

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 32610

1. OWNER Tom Hillman ADDRESS AT WELL LOCATION 44 Rivers Rd Smith Valley NV 89430
 MAILING ADDRESS 44 Rivers Rd Smith Valley NV 89430
 2. LOCATION NW 1/4 SE 1/4 Sec 20 T 11 N R 24 E Lyon County
 PERMIT NO. SW 10-541-09 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Dcepen Abandon Other
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock Air Rotary RVC Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Set up over				
Old well and				
Run Perforator				
From Surface to				
Bottom. Set framing				
pipe to Bottom				
and Pumped fill				
with grout Cement				
Grout				
ID. of old well				
was 135'				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cascd _____ Feet
 HOLE DIAMETER (BIT SIZE)
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
N/A				

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level _____ 56' feet below land surface
 Artesian flow _____ G.P.M. N/A P.S.I.
 Water temperature Cold °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Aj H Pump Co Contractor
 Address 5551 Hwy 50 E # 3 Carson City NV 89701 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 31839
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed Michael L Cook
 By driller performing actual drilling on site or contractor
 Date 12-11-96

Date started 12-11, 1996
 Date completed 12-11, 1996

7. WELL TEST DATA

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