

WELL DRILLER'S REPORT

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

Log No. 78120
 Permit No. _____
 Basin 107

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 40817

1. OWNER Jill Robert ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3 Bishop Way _____

2. LOCATION 1/4 SW 1/4 Sec 15 T. 11 N. R. 24 E. Nevada County _____
 PERMIT NO. 09-162-04 Parcel No. _____
 Issued by Water Resources _____ Subdivision Name Smith Valley Sierra Desert

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 Mod

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand, Clay</u>		<u>1</u>	<u>7</u>	
<u>Sand</u>		<u>7</u>	<u>33</u>	
<u>Sand Gravel</u>		<u>33</u>	<u>96</u>	
<u>Gravels</u>		<u>96</u>	<u>116</u>	
<u>Gravels</u>		<u>116</u>	<u>179</u>	
<u>Gravels</u>		<u>179</u>	<u>221</u>	

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 221 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 1/8 Inches 1 Feet 221 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/4</u>	<u>15.3</u>	<u>13</u>	<u>1</u>	<u>20</u>
<u>6 3/4</u>	<u>24.4</u>	<u>10</u>	<u>20</u>	<u>221</u>

Perforations:
 Type perforation 1 1/2" - 2 1/2" - 3 1/2"
 Size perforation _____
 From 210 feet to 220 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 30

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 160 feet to 220 feet

9. WATER LEVEL
 Static water level 119 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60 °F Quality Good

Date started 11/20/99, 19____
 Date completed 10/21/99, 19____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25-30</u>		<u>5 hrs</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Ken Diller, Inc Contractor
 Address 3059 Contractor
53 59429

Nevada contractor's license number issued by the State Contractor's Board 2031841

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1376

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date 11/24/99