

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No.
Permit No.
Basin.

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. 45406

1. OWNER Double Eagle Ranch ADDRESS AT WELL LOCATION 275 JESSIE SMITH RD 89430
MAILING ADDRESS

2. LOCATION NE 1/4 NW 1/4 Sec. 31 T. 12 N N/S R. 24 E County

PERMIT NO. 67486 T Issued by Water Resources Parcel No. 1018105 Subdivision Name

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE

- New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
- Deepen Abandon Other..... Municipal/Industrial Monitor Stock Air Other.....

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brn clay		444	451	7
Coarse Sand / Pea Gravel	X	451	460	9
brn clay		460	465	5
Blue clay w/ sandstone		465	482	17
Coarse Sand & Pea Gravel	X	482	500	18
Blue clay		500	549	49
Coarse Sand	X	549	562	13
Blue clay		562	575	13
Coarse Sand	X	575	587	12
Blue clay		587	597	10
Coarse Sand	X	597	607	10
Blue clay		607	615	8

8. WELL CONSTRUCTION

Depth Drilled.....Feet Depth Cased.....Feet
HOLE DIAMETER (BIT SIZE)
From To
.....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)

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

Date started....., 19.....
Date completed....., 19.....

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL

Static water level.....feet below land surface
Artesian flow.....G.P.M.....P.S.I.
Water temperature.....°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..... Contractor
Address..... Contractor
Nevada contractor's license number issued by the State Contractor's Board.....
Nevada driller's license number issued by the Division of Water Resources, the on-site driller.....
Signed..... By driller performing actual drilling on site or contractor
Date.....

RECEIVED
MAY 31 AM 11:18
ENGINEERING OFFICE