

DIVISION OF WATER RESOURCES

Log No. 91499
 Permit No. _____
 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. 49080

1. OWNER B.D.R. Const. ADDRESS AT WELL LOCATION Lot #4 Colony Estates, Wellington NC
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 3E 1/4 Sec. 34 T. 11 N/S R. 23 E Lyon County
 PERMIT NO. 9-142-09 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	Thick-ness
<u>Clay loess</u>		<u>0</u>	<u>6</u>	
<u>Top Clay</u>		<u>6</u>	<u>76</u>	
<u>Sand gravel</u>		<u>36</u>	<u>57</u>	
<u>Clay</u>		<u>57</u>	<u>81</u>	
<u>Gravel</u>		<u>81</u>	<u>96</u>	
<u>Clay</u>		<u>96</u>	<u>98</u>	
<u>Gravel</u>		<u>98</u>	<u>111</u>	
<u>Top Clay</u>		<u>111</u>	<u>138</u>	
<u>Upper Sand</u>		<u>138</u>	<u>180</u>	
<u>Clay mix</u>				

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 180
10578 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)
<u>6578</u>	<u>13.00</u>	<u>3/16</u>	<u>71</u>	<u>20</u>

Perforations:
 Type perforation Scill Saw
 Size perforation 1 1/2 x 6 long
 From 140 feet to 180 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 180 feet to 180 feet

9. WATER LEVEL
 Static water level 116 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 11-3
 Date completed 11-5

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift
 G.P.M. 15 GPM Draw Down (Feet Below Static) _____ Time (Hours) _____
deepened by log 118213

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Loach Drilling Inc 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 1877
 Signed Matthew D. Loach
 By driller performing actual drilling on site or contractor
 Date 11-6-03