

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 92040
 Permit No. _____
 Basin 52
 NOTICE OF INTENT NO. 54449

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER RUBY O'DELL
 MAILING ADDRESS 5700 MACARI LANE
FALLON, NV 89406

2. LOCATION NW 1/4 NW 1/4 Sec. 9 T 17 N/S R 25 E LYON County
 PERMIT NO. _____ Parcel No. 17-117-03 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
SEALED WITH NEAT CEMENT & AQUAGUARD				
TOP SOIL		0	1	
BROWN SAND		1	19	18
BROWN CLAY		19	50	31
BROWN SAND		50	60	10
BROWN CLAY		60	95	35
GRAY SAND/SILT		95	150	55
GRAY CLAY		150	164	14
BROWN SAND	X	164	175	11

8. WELL CONSTRUCTION
 Depth Drilled 175 Feet Depth Cased 175 Feet
 HOLE DIAMETER (BIT SIZE)

10 1/8	Inches	From 0	Feet	To 50	Feet
6 1/8	Inches	From 50	Feet	To 175	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	175

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080
 From 168 feet to 173 feet

Surface Seal: Yes No
 Depth of Seal 50
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No

9. WATER LEVEL
 Static water level 59'4" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality UNTESTED

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

Name WELSCO CORP. Contractor
 Address P. O. BOX 888 Contractor
FALLON, NV 89406
 Nevada contractor's license number issued by the State Contractor's Board 11752
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2199
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 11/22/1920

Date started 10/25/1993 2003, 19____
 Date completed 10/25/1993 2003, 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>40</u>		<u>1 HR</u>	

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