

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

OFFICE USE ONLY  
 Log No. 44086  
 Permit No. \_\_\_\_\_  
 Basin 107

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

NOTICE OF INTENT NO. 52774

1. OWNER Grant Smith Const. ADDRESS AT WELL LOCATION 544 Upper Colony R.D. Wellington NV  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION NW 1/4 NE 1/4 Sec. 10 T. 11 N/S R. 23 E. Lyon County  
 PERMIT NO. 009-191-05 Parcel No. \_\_\_\_\_ Subdivision Name Smith Valley

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
D.G. + gravel		0	40	
D.G. clay small gravel		40	110	
cobbles + gravel		110	120	
gravel + clay		120	140	
D.G. + gravel		140	160	
Brown gravel + clay		160	200	
gray clay		200	260	
gray clay + gray		260	280	
Brown gravel + clay				
Brown gravel + coarse sand	*	280	320	

8. WELL CONSTRUCTION  
 Depth Drilled 320 Feet Depth Cased 320 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 5/8 Inches To 50 Feet  
 From 8 3/4 Inches To 320 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13</u>	<u>1 8/8</u>	<u>+1</u>	<u>320</u>
<u>6"</u>	<u>per</u>	<u>50R-21</u>	<u>20'</u>	<u>320'</u>

Perforations:  
 Type perforation factory milled  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 280 feet to 320 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50'  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 320 feet

9. WATER LEVEL  
 Static water level 146 feet below land surface  
 Artesian flow NA G.P.M. NA P.S.I.  
 Water temperature COLD °F Quality clear

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

Name Leach Drilling Inc. Contractor  
 Address Box 594 Silver Springs NV Contractor  
89403

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 1878  
 Signed Dodd Embo  
 By driller performing actual drilling on site or contractor  
 Date 9/20/04

Date started 9-7-04, 20\_\_\_\_\_  
 Date completed 9-8-04, 20\_\_\_\_\_

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			
	<u>10+</u>	<u>160</u>	<u>1/2</u>
	<u>20+</u>	<u>220</u>	<u>2 Hr.</u>