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WELL DRILLER'S REPORT

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

Log No. 95421  
 Permit No. \_\_\_\_\_  
 Basin 103

NOTICE OF INTENT NO. 53451

1. OWNER Christopher & Catherine Gill ADDRESS AT WELL LOCATION 12465 SHAWNEE  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION SW 1/4 NE 1/4 Sec 7 T. 17 N/S R. 23 E. Lyon County  
 PERMIT NO. 15-323-17 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>DIST-ROCK</u>		<u>0</u>	<u>46</u>	<u>46</u>
<u>BROWN FRAC ROCK</u>		<u>46</u>	<u>180</u>	<u>134</u>
<u>BROWN CLAY-GRAVEL</u>	<input checked="" type="checkbox"/>	<u>180</u>	<u>208</u>	<u>28</u>
<u>WHITE GRANITE</u>		<u>208</u>	<u>289</u>	<u>81</u>
<u>DG</u>	<input checked="" type="checkbox"/>	<u>289</u>	<u>320</u>	<u>31</u>

8. WELL CONSTRUCTION  
 Depth Drilled 320 Feet Depth Cased 320 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
10 5/8 Inches 0 Feet 50 Feet  
9 7/8 Inches 50 Feet 320 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>14</u>	<u>.188</u>	<u>7</u>	<u>11</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR 21</u>	<u>11</u>	<u>320</u>

Perforations:  
 Type perforation GRINDER CUT  
 Size perforation .040" x 4"  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 190 feet to 210 feet  
 From 290 feet to 310 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 54 ft  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 54 feet to 320 feet

9. WATER LEVEL  
 Static water level 172 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ 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 \_\_\_\_\_ Contractor  
BLAIN DRILLING & PUMP CO. INC.  
 Address P.O. Box 255  
Carson City, NV 89702  
 Nevada contractor's license number issued by the State Contractor's Board 46498  
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 2167  
 Signed Jack Johnson  
 by driller performing actual drilling on site or contractor  
 Date \_\_\_\_\_

Date started July 23, 2004  
 Date completed July 26, 2004

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 checked="" type="checkbox"/> Air Lift	<u>25+</u>		<u>1.5</u>

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