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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

NOTICE OF INTENT NO. 56408

1. OWNER Dan + Darlene Smith ADDRESS AT WELL LOCATION Plat 5 Parcel and Dr. Smith Tr. 89430
 MAILING ADDRESS P.O. Box 306 Smith Tr. 89430
 2. LOCATION NW 1/4 SW 1/4 Sec 7 T 11 N/S R 23 E. Lyon County
 PERMIT NO. 9-084-03 Parcel No. _____ Subdivision Name Russ Vint Estates
 Issued by Water Resources

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>OG Top soil</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>gravel + sand</u>		<u>3</u>	<u>12</u>	<u>9</u>
<u>fine gravel</u>		<u>12</u>	<u>20</u>	<u>8</u>
<u>loam + clay yes</u>		<u>20</u>	<u>60</u>	<u>40</u>
<u>clay + gravel yes</u>		<u>60</u>	<u>85</u>	<u>25</u>
<u>clay + coarse sand yes</u>		<u>85</u>	<u>110</u>	<u>25</u>
<u>fine sand + gravel yes</u>		<u>110</u>	<u>120</u>	<u>10</u>
<u>gravel + gray silt</u>		<u>120</u>	<u>140</u>	<u>20</u>

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 140 Feet
 _____ Inches _____ Feet _____ 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>188</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation factory saw slott
 Size perforation 1/16 X 3
 From 120 feet to 140 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 140 feet

9. WATER LEVEL
 Static water level 50 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality good

Date started April 8, 2006
 Date completed April 12, 2006

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>257</u>	<u>10 ft</u>	<u>3 hrs</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Edmund Miller Trullis Contractor
 Address P.O. Box 92 Smith Tr.
 Nevada contractor's license number 32166A issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 718
 Signed Edmund Miller By driller performing actual drilling on site or contractor
 Date April 11 - 06