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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. 34290  
 ADDRESS AT WELL LOCATION 79 Joshua CT

1. OWNER EM & Sons ADDRESS AT WELL LOCATION 79 Joshua CT  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION 1/4 NW 2 1/4 Sec. 15 T. 11 N/S R. 24 E. Lyon County Smith Valley  
 PERMIT NO. 009-221-10 Parcel No. \_\_\_\_\_ Subdivision Name Sierra Desert View  
 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	Thickness
Sand Gravel		1	48	
Clay		48	96	
Gravel/Clay layers		96	168	
Clay w/ Gravel layers		168	243	
Gravel		243	261	
Clay		261	273	
Gravel bands		273	280	
Clay		280	289	
Gravel		289	300	

8. WELL CONSTRUCTION  
 Depth Drilled 300 Feet Depth Cased 300 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
1 5/8 Inches \_\_\_\_\_ Feet 300 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1 5/8</u>	<u>13</u>	<u>1.88</u>	<u>1</u>	<u>21</u>
<u>1 5/8</u>	<u>Pvc</u>	<u>Std. 40</u>	<u>21</u>	<u>300</u>

Perforations:  
 Type perforation Machine Perfor  
 Size perforation 3/16" dia #10  
 From 280 feet to 300 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 60  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 60 feet to 300 feet

9. WATER LEVEL  
 Static water level 106 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature 72 °F Quality Good

Date started 1/20/06, 20\_\_\_\_  
 Date completed 1/22/06, 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 checked="" type="checkbox"/> Air Lift	<u>25</u>		<u>1 1/2</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Green Drilling Co Contractor  
 Address P.O. Box 589 Contractor  
222 NW 82409  
 Nevada contractor's license number issued by the State Contractor's Board 0031841  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 876  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 1/30/06