

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

Log No. _____
 Permit No. _____
 Basin **103**

NOTICE OF INTENT NO **60040**

1. OWNER **Lyons County Utilities** ADDRESS AT WELL LOCATION **197842 19.3 N**
 MAILING ADDRESS **39 Lakes Blvd 23609 St. 1 E NAD93**
Dixon NV 89403
 2. LOCATION **NW 1/4 NE 1/4 Sec. 33 T. 17 N. R. 22E LYON County**
 PERMIT NO. **R-018** Parcel No. **016-025-27** Well # **17-22-33-NE-2**
 Issued by Water Resources 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 **Sonic**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
NO Recovery		0	10	
Sandy silt w gravel		10	12	
well graded sand		12	15	
Brown sandy silt		15	17	
Sandy silt w clay		17	26	
Volcanic Ash		26	30	
Gray loose fine sand		30	43	
Loose Brown Volcanic Ash		43	51	
Med Gray organic clayey silt brown		51	54	
Fine sand		54	56	
Silty sand		56	60	
Brown sandy silt		60	64	
Fine sand w silt		64	67	
Sandy silt		67	70	
Brown silty sand		70	72	
Brown silty sand		72	75	
Brown silty sand		75	79	
same as above		79	85	
well graded fine sand		85	90	
39.298928°N				
119.516010°W				
NOV 27 1987				

8. WELL CONSTRUCTION
 Depth Drilled **90** Feet Depth Cased **90** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6** Inches To **90** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		3/4	0	90

Perforations:
 Type perforation **56 1/2**
 Size perforation **0.70**
 From **70** feet to **90** feet
 _____ feet to _____ feet
 _____ feet to _____ feet
 _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **68** Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **68** feet to **90** feet

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

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

Name **WDC** Contractor
 Address **PO Box 141** Contractor
ZANICA CA
 Nevada contractor's license number issued by the State Contractor's Board **2852**
 Nevada contractor's license number issued by the Division of Water Resources, the on-site driller **2111**
 Signed **Jim Whitely**
 By driller performing actual drilling on site or contractor
 Date **1-8-08**

Date started **9-21**, 20**07**
 Date completed **9-21**, 20**07**

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
pump	1	20.4	1.32