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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. **257133**

1. OWNER **Lyons County Utilities** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **34 Lakes Blvd** **14771109.6 N**
Dayton NV 89403 **2348451.4 E NAD83**
 2. LOCATION **SW 1/4 SW 1/4 Sec 7 T 16 N 22 E Lyons** County
 PERMIT NO. **R-018** **016-351-15** **Well # 16-22-730-1**
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 **Sonic**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Silty Sand		0	3	
Brown Silty Sand		3	10	
Gray Sand		10	15	
Fine to coarse Tan Sand		15	30	
med to coarse				
39.262813 N				
119.559793 W				
NAD 27 (T)				

8. WELL CONSTRUCTION
 Depth Drilled **30** Feet Depth Cased **30** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6** Inches To **30** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		sch 40	0	30

Perforations:
 Type perforation **slots**
 Size perforation **0.20**
 From **20** feet to **30** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **18** Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From **18-30** feet to _____ feet

9. WATER LEVEL
 Static water level **12.5** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
Pump	1	NA	1
	20:1		15 PM 12:56

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
Zanora CA 95698
 Nevada contractor's license number **12852**
 Issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2111**
 Signed **Jim W. Kelly**
 By driller performing actual drilling on site or contractor
 Date **1-8-08**