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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. **57170**

1. OWNER **Lyon County Utilities**
 MAILING ADDRESS **34 Lakes Blvd Dayton NV 89403**
 2. LOCATION **NE 1/4 Sec 6 T 16 S 22 E LYONS** County
 PERMIT NO. **R-018** Issued by Water Resources Parcel No. **016-401-14** Well # **16-22-6-NE-1** 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 RYC
 Air Other **SONIC**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Light brown silty to coarse sand.		0	3'	
light brown to grayish fine sandy silty		3	17'	
Grayish brown Silty Clay.		17	22'	
Brownish gray Fine Sandy silt.		22	34'	
Multi colored grains and brown silty sand.		34	38'	
Grayish brown silty fine sand.		38	39'	
Gray Fine sandy silt.		39	49'	
Gray brown silty sand w/ trace pebbles.		49	55'	
same gray sand.		55	66'	
Gray sandy silt.		66	68'	
SEE ATTACHED		68	95'	

8. WELL CONSTRUCTION
 Depth Drilled **95.6** Feet Depth Cased **95.6** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6"** Inches To **95.6** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		Sch 40	0	75.6

Perforations:
 Type perforation **Slots**
 Size perforation **3/32**
 From **75.6** feet to **95.6** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: **30%**
 Depth of Seal **71.6**
 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured **Chips - 71.6 - 73.6** Concrete Grout
 Gravel Packed: Yes No
 From **73.6** feet to **95.6** feet

9. WATER LEVEL
 Static water level **59** feet below land surface
 Artesian flow **NA** 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 Exploration** Contractor
 Address **PO Box 141 Zamora CA 95698** Contractor
 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 **[Signature]**
 Date **12-27-08**
 By driller performing actual drilling on site or contractor

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

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
pump	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
1	NA		5 PM 12:55

