

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. _____

1. OWNER Mr Addison ADDRESS AT WELL LOCATION 11160 Silver Lane
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 NE 1/4 Sec 6 T 17 N N/S R. 23 E Lyon County
 PERMIT NO. 5792 Issued by Water Resources Parcel No. 19-6 Subdivision Name Silver Valley

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Hard pan		0	20	20
decomposed coarse sand + gravel saturated		20	55	35
decomp - clay		55	95	30
runny sand		95	95	10
2" water clay		95	115	20
clay		115	120	5

'92 JUN -3 P3:12
 STATE ENGINEERS DEPT

8. WELL CONSTRUCTION
 Diameter 8 inches Total depth 120 feet
 Casing record _____
 Weight per foot _____ Thickness .188
 Diameter 8 inches From 0 feet To 120 feet
 Surface seal: Yes No Type Ready Mix
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation torch
 Size perforation 1/8 x 4" - 4 Rows
 From 70 feet to 120 feet

Date started 4-28, 1992
 Date completed 5-18, 1992

9. WATER LEVEL
 Static water level 45 feet below land surface
 Flow _____ G.P.M. 25 P.S.I.
 Water temperature Cold °F Quality good

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Marcin + Sons Drilling Contractor
 Address 4340 Hwy 50 E C.C Contractor
 Nevada contractor's license number issued by the State Contractor's Board 018884
 Nevada contractor's driller's number issued by the Division of Water Resources _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 707
 Signed Shelma J. Marcin By driller performing actual drilling on site or contractor
 Date 6-1-92

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours