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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. 46790

1. OWNER R. J. Ardell ADDRESS AT WELL LOCATION 9th St. Silver Springs NV  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NW 1/4 NE 1/4 Sec 20 T 17 N/S R 25 E Lyon County  
 PERMIT NO. 17-411-05 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  RYC  
 Air  Other Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Gray + Black Sand</u>		<u>150</u>	<u>160</u>	<u>10'</u>
<u>Gray Clay</u>		<u>150</u>	<u>168</u>	<u>18'</u>
<u>Sand &amp; Clay</u>		<u>168</u>	<u>180</u>	<u>12'</u>
<u>Tan + Brown Gravel &amp; Sand</u>		<u>180</u>	<u>200</u>	<u>20'</u>

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)  
 From 6 1/4 Inches 150 Feet 200 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5" OD</u>		<u>.188</u>	<u>100</u>	<u>200'</u>

Perforations:  
 Type perforation Milled  
 Size perforation 1/8 x 3" 6 Rows  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 180' feet to 200' feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal Unknown  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 57' feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. P.S.I.  
 Water temperature cold °F Quality Clear

Date started 5/1/00, 19\_\_\_\_  
 Date completed 5/2/00, 19\_\_\_\_

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>50 Gpm Air Lift for 3 hrs</u>			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Leslie Dillingham Contractor  
 Address P.O. Box 599 Silver Springs NV 89429 Contractor  
 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 1740  
 Signed Leslie Dillingham  
 By driller performing actual drilling on site or contractor  
 Date May 9/00