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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. 45419

1. OWNER Matt Torley  
 MAILING ADDRESS P.O. Box 22444  
Wellington NV 89444  
 ADDRESS AT WELL LOCATION 4502 Kyle  
Wellington NV 89444  
 2. LOCATION SW 1/4 SW 18 T. 10 N/S R22 E Douglas County  
 PERMIT NO. 37-070-20  
 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.....

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy loam top soil		0	12	12
sticky clay		12	32	20
Large rock clay		32	45	13
clay		45	56	11
gravel + sand	yes	56	73	17
pea gravel	yes	73	80	7

8. WELL CONSTRUCTION  
 Depth Drilled 80 Feet Depth Cased 80 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 50 Feet  
6 Inches 50 Feet 80 Feet  
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4 1/2</u>	<u>45</u>	<u>1 1/8</u>	<u>0</u>	<u>80</u>

Perforations:  
 Type perforation Factory saw slot  
 Size perforation 3/32 x 7  
 From 60 feet to 80 feet  
 From.....feet to.....feet  
 From.....feet to.....feet  
 From.....feet to.....feet  
 From.....feet to.....feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From.....feet to.....feet

9. WATER LEVEL  
 Static water level 52 feet below land surface  
 Artesian flow NO G.P.M. P.S.I.  
 Water temperature cold °F Quality good

Date started 11-20-00, 19.....  
 Date completed 11-25-00, 19.....

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>20</u>	<u>0</u>	<u>3</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Edmund Miller Contractor  
 Address P.O. Box 92  
Smith NV 89430 Contractor  
 Nevada contractor's license number 32166  
 issued by the State Contractor's Board.  
 Nevada driller's license number issued by the 715  
 Division of Water Resources, the on-site driller.  
 Signed Edmund Miller  
 By driller performing actual drilling on site or contractor  
 Date 11-27-00