

OFFICE USE ONLY
 Log No. 84996
 Permit No. _____
 Basin 103

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 46271

1. OWNER HOWE CONST. ADDRESS AT WELL LOCATION 245 MIKE LN JAYTON, NV
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SE 1/4 Sec 9 T 14 N/S R 22 E Lyon County
 PERMIT NO. 1637120 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
<u>DIRT/ROCK</u>		<u>0</u>	<u>35</u>	<u>35</u>
<u>GRAY CLAY</u>		<u>35</u>	<u>50</u>	<u>15</u>
<u>COBBLES</u>		<u>50</u>	<u>135</u>	<u>85</u>
<u>GRAY-WHITE CLAY</u>		<u>135</u>	<u>165</u>	<u>30</u>
<u>SANDY CLAY/GRAVEL</u>	<input checked="" type="checkbox"/>	<u>165</u>	<u>180</u>	<u>15</u>
<u>COBBLES</u>		<u>180</u>	<u>240</u>	<u>60</u>
<u>BROWN-RED CLAY</u>		<u>240</u>	<u>285</u>	<u>45</u>
<u>DECOMPOSED LAVA ROCK</u>	<input checked="" type="checkbox"/>	<u>285</u>	<u>340</u>	<u>55</u>

8. WELL CONSTRUCTION
 Depth Drilled 340 Feet Depth Cased 340 Feet
 HOLE DIAMETER (BIT SIZE)
 From 9 7/8 Inches To 0 Feet 340 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>65/8</u>		<u>.188</u>	<u>+</u>	<u>340</u>

Perforations:
 Type perforation Factory milled Torch cut
 Size perforation 3/32" x 3" ↑ 1/8" x 6" ↑
 From 150 feet to 160 feet
 From 280 feet to 300 feet
 From 300 feet to 340 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 65 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 65 feet to 340 feet

9. WATER LEVEL
 Static water level 70 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 3 SEP 01
 Date completed 7 SEP 01

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>257</u>		<u>2.5</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Blain Drilling & Pump Co.
 Address P.O. Box 1255 Carson City, NV 89702
 Nevada contractor's license number issued by the State Contractor's Board 46498
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167
 Signed Jack Dotson
 By driller performing actual drilling on site or contractor
 Date _____