

OFFICE USE ONLY
 Log No. 84997
 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. 46270

1. OWNER Howe Const. ADDRESS AT WELL LOCATION 265 IMPERIAL DAYTON, NV
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 9 T. 16 N/S R. 22 E LYON County
 PERMIT NO. 19-14-207 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
SAND		0	15	15
COBBLES		15	35	20
SANDY BROWN CLAY		35	80	45
SANDY FINE GRAVEL	X	80	110	30
BROWN CLAY		110	155	45
COBBLES		155	170	15
SANDY MEDIUM GRAVEL	X	170	200	30

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
9 7/8 Inches 0 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>6 7/8</u>		<u>.188</u>	<u>+1</u>	<u>200</u>

Perforations:
 Type perforation Factory milled
 Size perforation 3/32" X 3"
 From 180 feet to 200 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 55 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 55 feet to 200 feet

9. WATER LEVEL
 Static water level 65 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 10 Sep 01
 Date completed 12 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>254</u>		<u>1.0</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 L. _____ Pump Co.
 Address Carson _____ 35 _____ 39702
 Nevada contractor's license number 46498
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167
 Signed Jack Dotson
 _____ Driller performing actual drilling on site or contractor
 Date _____