

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY

Log No. 88012
 Permit No. 102
 Basin 102

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 44559

1. OWNER Mike Griffith ADDRESS AT WELL LOCATION 3515 E. Antelope St. Silver Springs, NV. 89429 Lyon
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 SE 1/4 Sec. 21 T. 17 N/S R. 25 E County _____
 PERMIT NO. 17-511-01 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 Hand

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	30	
Clay		30	53	
Clay Sand Silt		53	116	
Sand Silt		116	137	
Clay		137	153	
Sand Gravel sand Gravel		153	213	
Clay		213	225	
Gravel Sand		225	235	
Clay		235	240	

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10878 Inches 0 Feet 240 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6578</u>	<u>13.00</u>	<u>3/16</u>	<u>71</u>	<u>20</u>
<u>6578</u>	<u>3.00</u>	<u>Schedule</u>	<u>20</u>	<u>240</u>

Perforations:
 Type perforation Spill Gun
 Size perforation 1 1/4 G. LONG 5 ROW
 From 220 feet to 240 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Neat Cement Cement Grout Concrete Grout
 Depth of Seal 0-50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 240 feet

Date started 2-20-07
 Date completed 3-21-07

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>About 50</u>	<u>6 PM</u>	

9. WATER LEVEL
 Static water level 35 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Lejon Drilling Inc 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 1877
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 3-21-07

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 02 APR 22 AM 11:40
 STATE ENGINEERS OFFICE