

PRINT OR TYPE ONLY
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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

Log No.
 Permit No.
 Basin **207**

NOTICE OF INTENT NO. **59933**

1. OWNER **Brent Gardner** ADDRESS AT WELL LOCATION **134 N MAIN**
 MAILING ADDRESS **Box 236** **NAD 27 N 38° 51' 41"**
Lund NV 89317 **W 115° 00' 21.1"**
 2. LOCATION **NW 1/4 NE 1/4 Sec. 33 T 12** N/S R **62 E** **white pine** County
 PERMIT NO. **N/A** **006-018-08** **Lund Town Ship** 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
Silty Clay		0	5	
gravel		5	10	
Silty Clay		10	18	
gravel		18	20	
Clay gravel		20	27	
gravel		27	28	
Clay silty		28	33	
gravel	water	33	35	
Silty Clay		35	55	
gravel	water	55	63	
Clay		63	68	
gravel	water	68	69	
Clay		69	75	
gravel	water	75	76.5	
Silty clay		76.5	83	
gravel	water	83	86	
Clay		86	89.5	
gravel	water	89.5	92	
Clay		92	94	
gravel	water	94	95.5	
Clay		95.5	101	
gravel	water	101	102	
Clay		102	110	
		38.061477°N		
		115.004998°W		
		NAD 27		

8. WELL CONSTRUCTION
 Depth Drilled **110** Feet Depth Cased **110** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches **0** Feet **50** Feet
8 1/2 Inches **50** Feet **60** Feet
6 Inches **60** Feet **110** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 3/8	12.9	1.88	+1	110

Perforations:
 Type perforation **mill**
 Size perforation **4 x 2.5" x 6 row**
 From..... feet to..... feet
 From..... feet to..... feet
 From **60** feet to **80** feet
 From **90** feet to **110** 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 **50** feet to **55** feet

9. WATER LEVEL
 Static water level **34** feet below land surface
 Artesian flow..... G.P.M. P.S.I.
 Water temperature **cold** °F Quality **good**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Maynard Well Drilling** Contractor
 Address **Box 64 Lund NV 89317** Contractor

Nevada contractor's license number issued by the State Contractor's Board **047226**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1556**
 Signed **Owner Maynard**
 By driller performing actual drilling on site or contractor
 Date **June 27-08**

Date started **March 20**, 20**08**
 Date completed **June 9**, 20**08**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
40	21	1 hr