

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

OFFICE USE ONLY
 Log No. 51397
 Permit No. _____
 Basin. 212

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. _____

1. OWNER Dennis Meyer ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 156 1701 N. Bamber Hwy.
Peck, Idaho 83545 Hennepson
 2. LOCATION MW 1/4 SW 1/4 Sec. 1 T. 22 N/S R. 62 E Clark County
 PERMIT NO. MO-2685 178-01-310-038 Subdivision Name _____
Issued by Water Resources Parcel No.

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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>DC over Sand</u> <u>+ Gravel</u>		<u>0</u>	<u>1</u>	<u>1</u>
<u>Brn Silty Sand</u> <u>+ Gravel</u>		<u>1</u>	<u>15</u>	<u>14</u>
<u>Silty Sand -</u> <u>Brownish-Gray</u>		<u>15</u>	<u>30</u>	<u>15</u>
<u>Silty Sand +</u> <u>Pebbles - Brn</u>		<u>30</u>	<u>35</u>	<u>5'</u>

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 3.5 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>		<u>Sec. 40</u>	<u>0</u>	<u>15'</u>

Perforations:
 Type perforation Section
 Size perforation .020
 From 15 feet to 35 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 11' Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 13 feet to 35 feet

9. WATER LEVEL
 Static water level 20' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 4-9-96, 19____
 Date completed 4-19-96, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Terracon Consultants Western Contractor
 Address 4343 S. Polaris Ave Contractor
Las Vegas NV 89103
 Nevada contractor's license number _____
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2017
 Signed Benneth A. Kutanica
 By driller performing actual drilling on site or contractor
 Date 4-29-96