

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

OFFICE USE ONLY
 Log No. 68442
 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. 15609

1. OWNER Dennis Meyer ADDRESS AT WELL LOCATION 1701 North Boulder Highway
 MAILING ADDRESS P.O. Box 156
Peck, ID 83545

2. LOCATION NW 1/4 SW 1/4 Sec. 1 T 22 S R 62 E CLARK County
 PERMIT NO. 178-01-310-03B 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 Auger

6. LITHOLOGIC LOG MW-2

| Material | Water Strata | From | To | Thick-ness |
|---------------------|--------------|------|----|------------|
| Fill- Gravelly SAND | | 0 | 10 | |
| SILTY SAND | | 10 | 17 | |
| Gravelly SAND | | 17 | 19 | |
| SILTY SAND | | 19 | 23 | |
| SAND | Y | 23 | 25 | |
| CALICHE | Y | 25 | 27 | |
| Gravelly Sand | Y | 27 | 29 | |
| CALICHE | Y | 29 | 31 | |

8. WELL CONSTRUCTION
 Depth Drilled 31 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)
 From 8 1/4 Inches To 0 Feet 31 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>PVC</u> | <u>sch 40</u> | <u>0</u> | <u>30</u> |

Perforations:
 Type perforation slotted screen
 Size perforation .010 inch
 From 20 feet to 30 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 19 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 19 feet to 31 feet

9. WATER LEVEL
 Static water level: 23.44 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 8/27, 1997
 Date completed 8/27, 1997

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 Tim Aten Contractor clo Terracon Consultants
 Address 4343 S. Polaris Ave
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 M1944
 Signed Thomas J. Beall
 By driller performing actual drilling on site or contractor
 Date 10-17-97