

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

NOTICE OF INTENT NO. **19592**

1. OWNER **Nye County Public Works** ADDRESS AT WELL LOCATION **Amargosa Valley**
 MAILING ADDRESS **P.O. Box 887** **Landfill State Hwy 373**
Tonopah, Nevada 89049

2. LOCATION **NW 1/4 S.W. 1/4 Sec. 25 T. 16 N. R. 49 E. Nye** County
 PERMIT NO. **84M land** Parcel No. **Amargosa Valley Landfill** 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

Material	Water Strata	From	To	Thick-ness
Silt with sand	No	0'	12'	12'
Silty sand with gravel	No	12'	25'	13'
Gravel & caliche	No	25'	30'	5'
Clayey gravel with sand and caliche lenses	No	30'	50'	20'
Clayey gravel with sand	No	50'	70'	20'
Clayey sand	No	70'	75'	5'
Silty sand	No	75'	80'	5'
Clayey sand	No	80'	95'	15'
Poorly graded sand with clay	No	95'	105'	10'
Clayey sand	No	105'	135'	30'
Well graded sand with some clay	Yes	135'	150'	15'

MMW # 3
 Hole # B-1

8. WELL CONSTRUCTION
 Depth Drilled **150'** Feet Depth Cased **149'** Feet

HOLE DIAMETER (BIT SIZE)
 From **8"** To **150'**
 Inches Feet Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		Sch 40	0'	134'

Perforations:
 Type perforation **Factory slot**
 Size perforation **220**
 From **134'** feet to **149'** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **124** Neat Cement
 Placement Method: Pumped **Bentonite** Cement Grout
 Poured **(124-129)(149-150')** Concrete Grout

Gravel Packed: Yes No
 From **129** feet to **149'** feet

9. WATER LEVEL
 Static water level **135** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **<85** °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 **Max Tech Drilling** Contractor
 Address **P.O. Box 940** Contractor
Meridian, Id. 83680
 Nevada contractor's license number issued by the State Contractor's Board **0038018**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1823**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **11-2-98**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)