

OFFICE USE ONLY
 Log No. 78929
 Permit No. _____
 Basin 105

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 26842

1. OWNER Bill Merrill Construction ADDRESS AT WELL LOCATION 1311 Judy
 MAILING ADDRESS Minden NV 89423 Minden NV 89423
 2. LOCATION SE 1/4 SE 1/4 Sec. 34 T 14 @ S R 20 E Douglas County
 PERMIT NO. 21-132-030 Subdivision Name Johnson Lane Area

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 mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Overburden</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Hardpan Clay</u>		<u>3</u>	<u>8</u>	<u>5</u>
<u>Brown Sandy Clay</u>		<u>8</u>	<u>41</u>	<u>33</u>
<u>Coarse DA Sands</u>		<u>41</u>	<u>54</u>	<u>13</u>
<u>Brown Clay Strata</u>		<u>54</u>	<u>71</u>	<u>17</u>
<u>Coarse Sandy Strata</u>		<u>71</u>	<u>96</u>	<u>25</u>
<u>Brown Gummy Clay</u>		<u>96</u>	<u>127</u>	<u>31</u>
<u>Fine Sands Silty</u>	<u>AX</u>	<u>127</u>	<u>160</u>	<u>33</u>
<u>Coarse DA Sands</u>				
<u>Small Gravels</u>				

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 160 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.23</u>	<u>.188</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 3x3/32
 From 140 feet to 160 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 65 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 55 feet to 160 feet

9. WATER LEVEL
 Static water level 15 feet below land surface
 Artesian flow _____ G.P.M. 30+ P.S.I.
 Water temperature Cold °F Quality Good

Date started 1-13 10:00
 Date completed 1-14 10:00

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30+</u>	<u>20</u>	<u>3 HRS</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Capital City Well Drilling Contractor
 Address 20 Kid Kat Dr. Contractor
Carson City NV 89706
 Nevada contractor's license number issued by the State Contractor's Board 41775
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed Michael Zedler
 By driller performing actual drilling on site or contractor
 Date 1-14-00