

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 83439

1. OWNER Andreas Mueller ADDRESS AT WELL LOCATION East Side Lane
MAILING ADDRESS 7032 Pebblebrook Way
Citrus Heights, CA 95621
2. LOCATION SW SE 19 8 N/S R. 27 E. Douglas County
PERMIT NO. 39040-23 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>HARD PAN</u>		<u>0</u>	<u>10</u>	<u>10</u>
<u>SHARP GRAVEL & brown CLAY</u>		<u>10</u>	<u>160</u>	<u>150</u>
<u>SHARP GRAVEL & COCK</u>	<u>X</u>	<u>160</u>	<u>185</u>	<u>25</u>
<u>SHARP GRAVEL & brown CLAY</u>		<u>185</u>	<u>245</u>	<u>60</u>
<u>blue shale</u>		<u>245</u>	<u>250</u>	<u>5</u>
<u>SHARP GRAVEL</u>	<u>X</u>	<u>250</u>	<u>260</u>	<u>10</u>

8. WELL CONSTRUCTION
Depth Drilled 260 Feet Depth Cased 260 Feet
HOLE DIAMETER (BIT SIZE)
From To
10 Inches 0 Feet 50 Feet
6 Inches 50 Feet 260 Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 5/8</u>		<u>188</u>	<u>0</u>	<u>260</u>

Perforations:
Type perforation FACTORY SAWN SLOT
Size perforation 3/32 x 3
From 200 feet to 260 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 50 FT. Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 130 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature Cold °F Quality good

Date started Aug 18 01
Date completed Aug 21 01

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>18</u>	<u>40</u>	<u>6 hours</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Edmund Miller Contractor
Address P.O. Box 92 Contractor
Smith New 89430
Nevada contractor's license number 32166 A issued by the State Contractor's Board.
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 718
Signed Edmund Miller
By driller performing actual drilling on site or contractor
Date 8-21-01