

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. 21404

1. OWNER Mr. & Mrs. Macpherson ADDRESS AT WELL LOCATION 1361 Tip Top
MAILING ADDRESS Phrump, NV
2. LOCATION NW 1/4 NW 1/4 Sec 21 T 20 N/S R 253E County Nye
PERMIT NO. 39-10372 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
DIRT		0	6	
Clay		7	14	
caliche		15	25	
Clay		26	85	
Gravel		86	105	
caliche		106	120	
Clay		121	160	
Water	90			

8. WELL CONSTRUCTION
Depth Drilled 162 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)
From 10 Inches To 162 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>160</u>

Perforations:
Type perforation slot
Size perforation .020
From _____ feet to _____ feet
From 160 feet to 130 feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 50 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From 50 feet to 160

9. WATER LEVEL
Static water level 60 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature cold °F Quality good

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Satzke Drilling
Address PO Box 6678 Phrump, NV 89041
Nevada contractor's license number issued by the State Contractor's Board 0036415
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1650
Signed Jay [Signature]
By driller performing actual drilling on site or contractor
Date OCT 1

Date started 9-29-01, 19____
Date completed 9-29-01, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

