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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. 45924

1. OWNER Robert Sandy ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 3540 Fremont 3540 Fremont  
Minden, NV 89423 Minden, NV 89423  
 2. LOCATION SW NW 1/4 Sec. 02 T. 13 N. R. 20 @ Douglas County  
 PERMIT NO. NA Issued by Water Resources Parcel No. 133002001937 Subdivision Name N/A

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>SAND+BLACKROCK</u>		<u>150</u>	<u>165</u>	<u>15</u>
<u>BROWN CLAY</u>		<u>165</u>	<u>168</u>	<u>3</u>
<u>BROWN SAND+GRAVEL</u>		<u>168</u>	<u>190</u>	<u>22</u>
<u>BROWN+GREY CLAY</u>		<u>190</u>	<u>200</u>	<u>10</u>
<u>BROWN SAND+GRAVEL</u>	<u>X</u>	<u>200</u>	<u>230</u>	<u>30</u>
<u>BROWN SAND</u>		<u>230</u>	<u>250</u>	<u>20</u>

8. 250' WELL CONSTRUCTION  
 Depth Drilled 100 Feet Depth Cased 80 Feet  
 HOLE DIAMETER (BIT SIZE)  
6 1/8 Inches From 150 Feet To 250 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>		<u>.188</u>	<u>120</u>	<u>230</u>

Perforations:  
 Type perforation FACTORY  
 Size perforation \_\_\_\_\_  
 From 230 feet to 210 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

Date started OCT. 15, 01, 19\_\_\_\_\_  
 Date completed OCT. 16, 01, 19\_\_\_\_\_  
 7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30</u>		<u>4 HRS.</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge  
**NEVADA PUMP & DRILLING**  
**P.O. BOX 2227**  
**DAYTON, NV 89403**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Nevada contractor's license number issued by the State Contractor's Board 0046357  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2187  
 Signed Thomas Evans  
 By driller performing actual drilling on site or contractor  
 Date OCT. 20, 2001