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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. 48332

1. OWNER Max Merideth ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS PO Box 1925 1666 Sunrise Pass
Minden, Nev 89423 Minden Nev 89423
 2. LOCATION SE 1/4 SW 1/4 Sec. 2 T. 13 N. R. 20 E Douglas County
 PERMIT NO. 1320-02-002-054 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	Thickness
Brownsand		0	5	5
Brown Clay Sand		5	15	10
Brown Sand Gravel		15	31	16
Brown Clay		31	40	9
Brown Sand Gravel		40	92	52
Brown Clay		92	95	3
Brown Sand		95	103	8
Brown Clay		103	111	8
Black White Gravel		111	120	9
Brown Clay		120	128	8
Black Brown Green		128	200	72
White Broken Rock				
Brown Clay		200	220	20
Black Brown White		220	240	20
Green Broken Rock				

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet
 HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet 240 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 3/8</u>		<u>1 3/8</u>	<u>0</u>	<u>240</u>

 Perforations:
 Type perforation FRACTURE
 Size perforation _____
 From 220 feet to 240 feet
 From _____ feet to _____ feet
 From 180 feet to 200 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 240 feet to 50 feet

9. WATER LEVEL
 Static water level 121 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality Good

Date started 2-22-02, 19____
 Date completed 2-26-02, 19____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>50+</u>		<u>2</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name NEVADA PUMP & DRILLING
 Address P.O. BOX 2227
DAYTON, NV 89403
 Nevada contractor's license number _____
 issued by the State Contractor's Board.
 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 3-5-02