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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

Log No. 93078
 Permit No. _____
 Basin 150

NOTICE OF INTENT NO. 43140

1. OWNER William M. L. H. ADDRESS AT WELL LOCATION Cave Valley
 MAILING ADDRESS P.O. Box 470
Paradise NV 89042
 2. LOCATION SE 1/4 SE 1/4 Sec 5 T. 9 N/S R. 64 E Lincoln County
 PERMIT NO. N/A 005-021-07-002465 None 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
Top Soil		0	1	
gravel cobbles clay		1	18	
gravel cobbles clay	water	18	41	6"
clay		41	49	
cobbles		49	50	
clay		50	59	
cobbles clay gravel		59	70	
cobbles lime stone hard		70	150	
no water from 50-150'				
less than a quart a min. at 18'				
had install a 8" temporary brace down to 62' because clay at 41 to 59' levels was caving in, when I pulled the brace the hole filled in to 45'. I used cement grout poured through 2" tremie pipe to the top to seal hole				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6		Aluminum		

 Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 45' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started Sept 23 2002
 Date completed Nov 11 2002

7. WELL TEST DATA

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

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Orran R. Maynard Contractor
 Address P.O. Box 64 Lund NV 89517 Contractor
 Nevada contractor's license number 47221
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1756
 Division of Water Resources, the on-site driller.
 Signed Orran Maynard
 By driller performing actual drilling on site or contractor
 Date Dec 2-02

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 STATE ENGINEERS OFFICE