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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. 39050

1. OWNER NDOT MAINT ST YEARINGTON NV ADDRESS AT WELL LOCATION 306 N. MAIN ST, YEARINGTON NV
 MAILING ADDRESS _____

2. LOCATION SW 1/4 NW 1/4 Sec 14 T 13 R 25 E LYDN County _____
 PERMIT NO. M10-792 Issued by Water Resources Parcel No. APN 1-059-01 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 Auger

6. LITHOLOGIC LOG MW #3

Material	Water Strata	From	To	Thickness
<p>I Found the well to be in good condition. AFTER overdrilling the casing & pulled I then pressure from the bottom to the surface</p>				

8. WELL CONSTRUCTION
 Depth Drilled 18 Feet Depth Cased 18 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 18 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>PVC</u>	<u>SCH 40</u>	<u>0</u>	<u>18</u>

Perforations:
 Type perforation Factory
 Size perforation .020
 From 10 feet to 18 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 18 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From N/A feet to N/A feet

9. WATER LEVEL
 Static water level 12.7 feet below land surface
 Artesian flow N/A G.P.M. N/A P.S.I.
 Water temperature old °F Quality N/A

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Andersen Drilling Contractor
 Address 1635 Belford Rd Reno, NV 89509 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 34525
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1028T-1
 Signed Camie Moore
 By driller performing actual drilling on site or contractor
 Date 11-29-98

Date started 11-19, 1998
 Date completed 11-19, 1998

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<p>N/A</p>		

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 STATE ENGINEERS OFFICE