

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. 100452  
 Permit No. \_\_\_\_\_  
 Basin Ø49

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **57287**

1. OWNER **BRUCE PIENKA** ADDRESS AT WELL LOCATION **LOT 5 BLK 42 ON NORTH POINT DRIVE**  
 MAILING ADDRESS **1346 IDAHO ST. PMB 136 ELKO, NV 89801**

2. LOCATION **NW** 1/4 **NW** 1/4 Sec. **25** T **36N** N/S R **56E** E **ELKO** County  
 PERMIT NO. **012-042-005** **HUMBOLDT RIVER RANCHO #1** Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Domestic  
 Deepen  Abandon  Other  Municipal/Industrial  Irrigation  Monitor  Test  Stock

4. PROPOSED USE

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	5	5
Sand, gravel, with a little clay		5	55	50
Hard gray clay		55	70	15
Hard gray clay and fine gravel			120	50
Hard clay		120	160	40
Sandstone, (Med-Soft) with some clay	xx	160	185	25

Seal: Placed 14 bags of 3/8" chip bentonite from 50' to 10' and neat cement for 10' to the surface.

8. WELL CONSTRUCTION  
 Depth Drilled **185** Feet Depth Cased **185** Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
**10 5/8** Inches **0** Feet **185** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+2	0
6 5/8	17.2	.250	0	165
6 5/8	13	.188	165	185

Perforations:  
 Type perforation **SLOTS**  
 Size perforation **3/16 X 3 6 ROWS**

From	To	Feet
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Gravel Packed:  Yes  No  
 From **50** feet to **185** feet

9. WATER LEVEL  
 Static water level **125** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COLD** °F Quality **GOOD**

Date started **5/30/2006**, 19\_\_\_\_  
 Date completed **5/31/2006**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<b>20</b>	<b>1</b>	<b>1</b>	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **HACKWORTH DRILLING, INC** Contractor  
 Address **P.O. BOX 850** Contractor  
**ELKO, NV 89803**

Nevada contractor's license number issued by the State Contractor's Board **020582**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1166**

Signed *Dale C. Veder*  
 By driller performing actual drilling on-site or contractor  
 Date **6/1/2006**