

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

OFFICE USE ONLY
 Log No. 104469
 Permit No. _____
 Basin 153

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **55652**

1. OWNER **Shane & Bonnie Fontes** ADDRESS AT WELL LOCATION **421 W 10th Street**
 MAILING ADDRESS **421 W 10th St Eureka, NV 89316** **Eureka, NV 89316**
 Subdivision Name: _____ County: **Eureka**

2. LOCATION NW 1/4 SW 1/4 Sec 18 T21N R53E Latitude 39° 41' 14.85" UTM E NAD 27
 PERMIT/WAIVER NO. 7-400-1-A-3 Longitude 116° 04' 15.53" N NAD 83/WGS 84
 Issued by Water Resources Parcel No. 3

3. WORK PERFORMED New Well Replace Recondition
 Deepen 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
Sand		155	165	10
Clay		165	170	5
Hard Rock		170	175	5
Sand & Cobbles		175	180	5
Clay		180	183	3
Cobbles Rock mass		183	190	7
Clay and Sand		190	200	10
Hard Rock		200	202	2
Fractured Rock		202	220	18

9. WELL CONSTRUCTION

Depth Drilled 220 Feet Depth Cased 215 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>6</u> Inches	<u>155</u> Feet <u>220</u> 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>8</u>	<u>188</u>	<u>155</u>	<u>215</u>

Perforations:

Type of perforation **Factory Cut**

Size of perforation **3/32x4**

From	To
<u>175</u> feet to	<u>215</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annual Seal: Yes No

Neat Cement Existing to _____ to _____ Pumped Poured

Cement Grout to _____ to _____ Pumped Poured

Concrete Grout to _____ to _____ Pumped Poured

≥30% Bentonite Grout to _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: January 6, 2006
 Date completed: January 9, 2006

7. Water Level

Static water level: 153 feet below land surface

Artesian Flow: N/A G.P.M. _____ P.S.I.

Water Temperature: Cool °F

Quality: **Fair**

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
<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>15</u>	<u>68.2</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 **Fred Anderson Drilling** (CONTRACTOR)

Address **10760 S Grass Valley Rd** (CONTRACTOR)
Winnemucca, NV 89445

Nevada contractor's license number issued by the State Contractor's Board **21467**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2083**

Signed _____
 Date _____