

STATE - 1  
CUST - 1

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

OFFICE USE ONLY  
Log No. 105377  
Permit No. \_\_\_\_\_  
Basin 064  
59625

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

1. OWNER Dorothy HARVEY ADDRESS AT WELL LOCATION 460 White  
MAILING ADDRESS 1090 Muleshoe Rd. SAG LANE B.M. 560 26th Street  
BATTLE MTN NV 89820 Subdivision Name: J.S.F. County: LANDOR

2. LOCATION NW 1/4 NW 1/4 Sec. 24 T 32N R 44E Latitude 40.637856 UTM E 115022842 NAD 27  
PERMIT/WAIVER No. 111-030-29 Longitude 116.972967 N 4498346 NAD 83/WGS 84  
Issued by Water Resources Parcel No. Parcel 85 - Malone Construction Map

NOTICE OF INTENT NO. \_\_\_\_\_

3. WORKED 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
TOP SOIL		0	3	3
SAND + GRAVEL		3	20	17
SANDY BLUE CLAY		20	40	20
BLUE CLAY		40	80	40
SANDY CLAY + GRAVEL		80	120	40

9. WELL CONSTRUCTION

Depth Drilled 120 Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
10 5/8	0	120		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 7/8		.188	+1	120

Perforations:

Type of perforation SAWS  
Size of perforation 7/16 x 3

From 90 feet to 120 feet

Annular Seal:  Yes  No

Neat Cement to  Pumped  Poured

Cement Grout 5 to 55  Pumped  Poured

Concrete Grout to  Pumped  Poured

80% Bentonite Grout to  Pumped  Poured

Gravel Pack:  Yes  No 85 to 120  Pumped  Poured

Bentonite Chips:  Yes  No 55 to 85  Pumped  Poured

Date started: 4-30 20 07  
Date completed: 5-1 20 07

7. Water Level

Static water level: 12 feet below land surface

Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.

Water Temperature: COLD °F

Quality: GOOD

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	90+	UNE	2

LO 5 HV 22 HV 1007

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name L.B.D. Drilling & Pump Co. Contractor

Address P.O. Box 902 WMC A NV 89446 Contractor

Nevada contractor's license number issued by the State Contractor's Board 9605

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1807

Signed [Signature] By driller performing actual drilling on site or contractor

Date 5-10-07

(Rev. 04-01)

USE ADDITIONAL SHEETS IF NECESSARY

Corrected Copy 6-13