

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

OFFICE USE ONLY
Log No. 105381
Permit No. _____
Basin 373A

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

59623

1. OWNER Tressa Bryson ADDRESS AT WELL LOCATION 125 Springs Drive
MAILING ADDRESS P.O. Box 111996
ANCHORAGE ALASKA 99511 Subdivision Name HO. BN. RANCH County PERKINS

2. LOCATION NW 1/4 NW 1/4 Sec 9 T 29 N/S R 33 E Latitude 40.37111 UTM E391090 NAD 27
PERMIT/WAIVER No. 1011-031-13 Longitude 118.283426 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Monitor
 Municipal/Industrial Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	3	3
SANDY ROCKY CLAY		3	20	17
ROCKY		20	40	20
ROCK LITTLE CLAY		40	120	80
ROCK		120	140	20
SANDY ROCKY CLAY		140	160	20
ROCKY CLAY		160	180	20
ROCK LITTLE CLAY		180	240	60
SANDY ROCKY CLAY		240	260	20

9. WELL CONSTRUCTION
Depth Drilled 260 Feet Depth Cased 260 Feet

HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 260 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>TI</u>	<u>260</u>

Perforations:
Type of perforation Torch cut
Size of perforation 3/16 x 6

From 180 feet to 260 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 5 to 60 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 80% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 150 to 260 Pumped Poured
Type: _____
Bentonite Chips: Yes No 60 to 150 Pumped Poured
Type: _____

Date started: 7-2-07
Date completed: 7-9-07

7. Water Level
Static water level: 66 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Good

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>90+</u>	<u>UNK</u>	<u>4 Hrs</u>

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

Name LBJ Drilling Co. Contractor
Address P.O. Box 902 Contractor
Wmca Hw 89446 Contractor
Nevada contractor's license number 9605A
issued by the State Contractor's Board
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 _____

USE ADDITIONAL SHEETS IF NECESSARY