

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

OFFICE USE ONLY
 Log No. 108286

Permit No. _____
 Basin 071

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. 63787

1. OWNER **Glenna Eckel**
 MAILING ADDRESS **PO Box 2013 Winnemucca, NV 89446**

ADDRESS AT WELL LOCATION **9600 Alice Winnemucca, NV 89445**

2. LOCATION **NE1/4SW1/4 Sec30T35N/ R38E**
 PERMIT/WAIVER NO. **010-542-04**
Issued by Water Resources Parcel No.

Subdivision Name: _____ County: **Humboldt**
 Latitude **N40°87852** UTM E _____ NAD 27
 Longitude **W117°74906** N _____ NAD 83/WGS 84

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
Gravel/Clay		0	4	4
Course gravel		4	55	51
Cobles/Sand		55	75	20
clay		75	80	5
cobles/sand		55	75	20
clay		75	80	5
cobles/gravel		80	140	60
sand		140	160	20
clay		160	165	5
sand/rock		205	215	10
course sand/gravel	X	215	260	45

40.878520°N
117.749060°W
NAD27
** replaced well*
Log # 30058

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

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **260** 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	10	188	+1	260

Perforations:
 Type of perforation **Factory Cut Slots**
 Size of perforation **3/32X4**
 From **220** feet to **260** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement **4** to **50** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No **55** to **260** Pumped Poured
 Type: _____
 Bentonite Chips: Yes No **50** to **55** Pumped Poured
 Type: _____

Date started: **April 8, 20 09**
 Date completed: **April 10, 20 09**

7. Water Level
 Static water level: **183** feet below land surface
 Artesian Flow: **N/A** G.P.M. **N/A** P.S.I.
 Water Temperature: **Cool** °F
 Quality: **Good**

8. 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)
13	4		4

STATE ENGINEER
2009 MAY 8 AM 11:4
REGISTERED

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, Inc.**
(CONTRACTOR)

Address **10760 S. Grass Valley Road**
(CONTRACTOR)
Winnemucca, NV 89445
 Nevada contractor's license number issued by the State Contractor's Board **021467**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2082**
 Signed *Fred Anderson Drilling Inc*
 By driller performing actual drilling on site or contractor
 Date **May 6, 2009**