

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

OFFICE USE ONLY
110022
Permit No. _____
Basin 054

Facility ID # G-600318

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. 33838

1. OWNER Bharta Spatpinder + Tosbink ADDRESS AT WELL LOCATION 3093 Crescent Ave
MAILING ADDRESS P.O. Box 21111 Crescent Valley, NV 89821 Crescent Valley NV County: Eureka

2. LOCATION SE 1/4 Sec 45 T 32 S R 48 E Latitude 40° 25.06 30' N UTM E NAD 27
PERMIT/WAIVER No. NE 602-019-27 Longitude 116° 34.57 32' W NAD 83/WGS 84
Parcel No. 40,4178 N 116.575301 W N40 27 (10)

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Cable
 Municipal/Industrial Monitor Stock Air Other SONIC

5. WELL TYPE
 Rotary RVC
 Other SONIC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Gravel & clay		0	12	12
Gravel sandy clay		12	60	48
Gravel sand		60	72	12
sandy clay		72	85	13
sandy gravel		85	91	6
sandy clay gravel	X	91	109	18
kerf fill sand		109	118	9

9. WELL CONSTRUCTION

Depth Drilled 118 Feet Depth Cased 118 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
8"	0	118	118

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4"	PVC	40 Sch	0	118

Perforations:

Type of perforation PVC Screen
Size of perforation 0020

From 112 feet to 118 feet
From 82 feet to 107 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 2' Pumped Poured
 -30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 112 to 118 Pumped Poured
Type: Cemex 79 707 sand & 3

Bentonite Chips: Yes No 2' to 79' Pumped Poured
Type: KWEIK PLUG chips 3/4

Date started: 1-11, 20 10
Date completed: 1-14, 20 10

7. Water Level
Static water level: 92 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
Name F. ABLE Drilling SERVICES INC Contractor
Address 7150 PLACID STREET Contractor
Las Vegas NV 89119
Nevada contractor's license number 51266
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2097
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 1-24-10

DCNR/DWR RECEIVED
JAN 27 2010
LAS VEGAS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY

2010 FEB -1 AM 9:27