

1. State
1. Cust

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

OFFICE USE ONLY
Log No. 110185
Permit No. 070
Basin 59172

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.
Rose Creek
89446
County: Humboldt

1. OWNER MANUEL MARTINEZ ADDRESS AT WELL LOCATION Rose Creek Rd. WMOA NV 89446
MAILING ADDRESS 6810 PONTIAC Dr. Reno NV 89506 Subdivision Name: _____ County: Humboldt
2. LOCATION SW 1/4 NW 1/4 Sec 17 T 35N R 37 E Latitude 40.909084°N UTM E 428592 NAD 27
PERMIT/WAIVER No. _____ Longitude 117.844996°W N 4522799 NAD 83/WGS 84
Issued by Water Resources Parcel No. 13-223-23 N0270

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	5	5
TAN CLAY		5	60	55
SANDY BLUE CLAY		60	80	20
SANDY TAN CLAY		80	100	20
SAND + GRAVEL		100	130	30

9. WELL CONSTRUCTION
Depth Drilled 130 Feet Depth Cased 130 Feet

HOLE DIAMETER (BIT SIZE)
From 10 5/8 Inches To 130 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>		<u>.122</u>	<u>71</u>	<u>130</u>

Perforations:
Type of perforation Torch cut
Size of perforation 3/16 x 3
From 100 feet to 130 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 95 to 130 Pumped Poured
Type: _____
Bentonite Chips: Yes No 60 to 95 Pumped Poured
Type: _____

Date started: 7-10 20 07
Date completed: 7-10 20 07

7. Water Level
Static water level: 23 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: Good

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>100+</u>	<u>UNK</u>	<u>2</u>

9. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name L. B. J. Drilling + Pump Co.
Address P.O. Box 902 WMOA NV 89446
Nevada contractor's license number 9605A
issued by the State Contractor's Board
Nevada driller's license number issued by the 1807
Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 7-20-07