

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

OFFICE USE ONLY

Log No. 110911
Permit No. _____
Basin 064

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

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1. OWNER David ITZA ADDRESS AT WELL LOCATION 385 Ethel Ave NOTICE OF INTENT NO. 62012
MAILING ADDRESS PO. BOX 572 BATTLE MTN NV
BATTLE MTN 89820 Subdivision Name: _____ County: HANDSON
2. LOCATION SE 1/4 SW 1/4 Sec 24 T 32 N R 44 E Latitude UTM E 502733 NAD 27
PERMIT/WAIVER No. _____ Longitude N 4496903 NAD 83/WGS 84
Issued by Water Resources Parcel 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	Thickness
TOP SOIL		0	5	5
ROCKY CLAY		5	20	15
TAN CLAY		20	30	10
BLUE CLAY		30	90	60
TAN CLAY		90	100	10
SAND & GRAVEL		120	120	20

40.625° N NAD 27 D.D.
116.968° W

9. WELL CONSTRUCTION
Depth Drilled 120 Feet Depth Cased 120 Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 inches From 0 To 120 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 _____ 1.188 71 120
Perforations:
Type of perforation Sawed
Size of perforation 3/16 x 3
From 100 feet to 120 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 90 to 120 Pumped Poured
Type: _____
Bentonite Chips: Yes No 60 to 90 Pumped Poured
Type: 3/8 inch

7. Water Level
Static water level: 20 ft feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Rotary</u>	<u>100</u>	<u>UNK</u>	<u>3 hrs</u>

65-0111V 01 MAR 2009

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 & PUMP COMPANY, INC. Contractor
Address P.O. BOX 902 - Winnemucca, NV 89446 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0009605A
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1807
Signed Joe Boggio By driller performing actual drilling, not site contractor Joe Boggio
Date 4-29-09