

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

OFFICE USE ONLY **110833**

Log No. _____
Permit No. _____
Basin **φ49**

Finalized MTH

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. **62849**

1. OWNER **ARRON OGLE**
MAILING ADDRESS **462 MVR, UNIT 13**
ELKO, NV 89801-9401

ADDRESS AT WELL LOCATION **3477 PUEBLO AVE**
WHITEROCK AREA
Subdivision Name: **Meadow Valley Rancho #4** County: **ELKO**

2. LOCATION SW ¼ NW ¼ Sec 19 T 35N N/S R 56 E
PERMIT/WAIVER No. **036-012-001**

Latitude **UTM E 11T 0608234** NAD 27
Longitude **N 4529224** NAD 83/WGS 84

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
TOPSOIL		0	1	1
GRAVEL W/CLAY		1	110	109
FINE GRAVEL & SAND		110	130	20
FINE GRAVEL	XXX	130	280	150
1ST WATER	220			
2ND WATER	240			
3RD WATER	260			
40.908, 86.9°N NAD 27 D.O.				
115.714, 87.4°W				

9. WELL CONSTRUCTION				
Depth Drilled	280	Feet	Depth Cased	280
HOLE DIAMETER (BIT SIZE)				
	From	To		
10 5/8	Inches	0	Feet	280
	Inches		Feet	
	Inches		Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+2	20
6.625		SDR 17	20	240
6.625		SDR 21	240	280

Perforations:
Type of perforation **FACTORY MILL SLOT**
Size of perforation **0.01"**
From **240** feet to **280** feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 4 to 20 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 280 Pumped Poured
Type: **3/8" PEA GRAVEL**
Bentonite Chips: Yes No 20 to 50 Pumped Poured
Type: **3/8" BENTONITE CHIPS**

Date started: **11-Nov** 20 **08**
Date completed: **12-Nov** 20 **08**

7. Water Level
Static water level: **148** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **COLD** °F
Quality: **GOOD**

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	40		4

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **HACKWORTH DRILLING, INC.**
Contractor
Address **P. O. BOX 850**
Contractor
ELKO, NV 89803
Nevada contractor's license number issued by the State Contractor's Board **0020582**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1653**
Signed *Jerry P. Bera*
By driller performing actual drilling on site or contractor
Date **11/23/2008**

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY