

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

OFFICE USE ONLY
Log No. 112050
Permit No. _____
Basin 070

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. 62966

1. OWNER SAM NOBLE ADDRESS AT WELL LOCATION 8345 AITA AVE
MAILING ADDRESS 8345 AITA AVE W M C A N V 89445
W M C A N V 89445 Subdivision Name: Air Port County: Humboldt

2. LOCATION SE 1/4 Sec 23 T 35 N R 37 E Latitude UTM E 434568 NAD 27
PERMIT/WAIVER No. 104-096-07 Longitude N4526343 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	Thick-ness
Top Soil		0	5	5
Yellow Clay		5	80	75
SANDY CLAY		80	120	40
CLAY		120	140	20
SANDY CLAY		140	202	62

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>202</u>		<u>202</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10 5/8</u>	<u>0</u>	<u>202</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>1/88</u>	<u>+1</u>	<u>202</u>

Perforations:

Type of perforation TORSH CUT

Size of perforation 3/6 x 5

From _____ feet to _____ feet

From 142 feet to 202 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 6 to 60 Pumped Poured

80% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 130 to 202 Pumped Poured

Type: +

Bentonite Chips: Yes No 60 to 130 Pumped Poured

Type: 3/8

Date started: 9-24 20 10

Date completed: 9-27 20 10

7. Water Level

Static water level: 108 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: COLD °F

Quality: _____

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			
<u>Rotary</u>	<u>40</u>	<u>UNK</u>	<u>5 Hrs</u>

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 on site or contractor Joe Boggio

Date _____

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

mmH-Ⓟ