

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

OFFICE USE ONLY
Log No. 115476
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. 679531

1. OWNER D. Daniel Gay (GAY)
MAILING ADDRESS 3689 Mint St. Clearlake, CA 95422-9734
2. LOCATION SW 1/4 SE 1/4 Sec 18 T 35 N/S R 37 E
PERMIT/WAIVER No. 113-195-17

ADDRESS AT WELL LOCATION 8290 W. Rose Creek Rd.
Subdivision Name: _____ County: Humboldt
Latitude UTM E 427641 NAD 27
Longitude N 4528372 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	Thickness
TOP SOIL		0	6	6
yellow clay		6	20	14
SANDY CLAY		20	40	20
yellow clay		40	80	40
SANDY CLAY		80	100	20
SAND GRAVEL CLAY		100	120	20
GRAVEL		120	135	15

9. WELL CONSTRUCTION

Depth Drilled 135 Feet Depth Cased 135 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10 5/8</u>	0	135		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>		<u>1.128</u>	<u>71</u>	<u>135</u>

Perforations:
Type of perforation Torch Cut
Size of perforation 2 1/2 x 6
From 115 feet to 135 feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	<u>6</u> to <u>60</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> 80% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 90 to 135 Pumped Poured
Type: 3/8

Bentonite Chips: Yes No 60 to 90 Pumped Poured
Type: 3/8

Date started: 12-19 20 11
Date completed: 12-20 20 11

7. Water Level
Static water level: 57 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	<u>70+</u>	<u>0 N/S</u>	<u>2 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 by contractor Joe Boggio
Date _____

40. 904885-N
117. 859 115°W

USE ADDITIONAL SHEETS IF NECESSARY