

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

OFFICE USE ONLY
Log No. 115-494
Permit No. _____
Basin 669

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

63096

NOTICE OF INTENT NO.

1. OWNER Jim McMillan ADDRESS AT WELL LOCATION 3850 Bronco Dr.
MAILING ADDRESS 3215 Bruce Drive Jim De Laney
WMCANV Subdivision Name: _____ County: Humboldt

2. LOCATION NW 1/4 SE 1/4 Sec 15 T 37 N/R 38 E Latitude 442352 UTM E NAD 27
PERMIT/WAIVER No. 006-602-05 Longitude 4542077 N NAD 83WGS 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
Blow Sand		0	2	2
Yellow Clay		2	20	18
Clay		20	60	40
Gravel Sand + Clay		60	80	20
Rocky Clay		80	100	20
Clay		100	120	20
Sand Gravel + Clay		120	140	20
Sand + Gravel		140	161	21

9. WELL CONSTRUCTION
Depth Drilled 161 Feet Depth Cased 161 Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 To 161 Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>0.188</u>	<u>71</u>	<u>161</u>

Perforations:
Type of perforation Touch Cut
Size of perforation 3/16 x 6
From 101 feet to 161 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 7 to 65 Pumped Poured
 20% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 99 to 161 Pumped Poured
Type: _____
Bentonite Chips: Yes No 65 to 99 Pumped Poured
Type: 3/2

Date started: 10-24-11 :20
Date completed: 10-29-11 :20

7. Water Level
Static water level: 35 ft. 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>150</u>	<u>0.85</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 or contractor
Date _____

41.083822°N NAD27
117.686307°W Dec/deg

USE ADDITIONAL SHEETS IF NECESSARY