

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

OFFICE USE ONLY
Log No. 115522
Permit No. _____
Basin 048

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. 68515
157 Lorenzo Dr (Lorenzo)
Spring Creek, NV 89815
County: Elko

1. OWNER: John Ruckman
MAILING ADDRESS: 157 Lorenzo Dr
NE Spring Creek, NV 89815

ADDRESS AT WELL LOCATION: 157 Lorenzo Dr (Lorenzo)
Subdivision Name: Spring Lake
County: Elko

2. LOCATION: 1/4 SW 1/4 Sec 35 T 34 N R 56 E
PERMIT/WAIVER No. 1006-31D-003
Issued by Water Resources Parcel No. _____

Latitude: 41° 38' 11.7" N
Longitude: 114° 47' 13.1" W
UTM E NAD 27
N 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
<u>white ash</u>		<u>0</u>	<u>85</u>	<u>85</u>
<u>brown ash</u>		<u>85</u>	<u>96</u>	<u>11</u>
<u>white ash</u>	<u>135</u>	<u>96</u>	<u>150</u>	<u>54</u>
<u>brown ash</u>	<u>150</u>	<u>150</u>	<u>180</u>	<u>30</u>
	<u>1165</u>			
	<u>170</u>			

9. WELL CONSTRUCTION

Depth Drilled: 180 Feet
Depth Cased: 180 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>10 5/8</u>	<u>0</u>	<u>180</u>	

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>+1</u>	<u>180</u>

Perforations:

Type of perforation: mill slot
Size of perforation: 3 x 3/16

From 160 feet to 180 feet

Annular Seal: Yes No

Neat Cement 0 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 180 Pumped Poured
Type: pea gravel

Bentonite Chips: Yes No 20 to 50 Pumped Poured
Type: 3/8 chips

Date started: 7.31.20
Date completed: 8.1.20

7. Water Level
Static water level: 52 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>65</u>		<u>4</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name: Alternative Drilling Co LLC
Contractor

Address: P.O. Box 281166
Contractor
Lamoille, NV 89828

Nevada contractor's license number _____
issued by the State Contractor's Board 73955

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2465

Signed: [Signature]
By driller performing actual drilling on-site or contractor

Date: 8.1.2012

RECEIVED
2012 AUG 16 AM 10:15
STATE ENGINEERS OFFICE

40.785593 °N
115.634386 °W NAD27

USE ADDITIONAL SHEETS IF NECESSARY