

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

OFFICE USE ONLY
Log No. 115 890
Permit No. _____
Basin 042

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. 35623
Slack No. MW-2

1. OWNER Nevada Dept. of Transportation
MAILING ADDRESS 1951 Idaho St. ELKO, NV. 89801

ADDRESS AT WELL LOCATION None, Near 6th Hwy. 93 Wells NV
Subdivision Name: _____ County: ELKO

2. LOCATION NE 1/4 SW 1/4 Sec 10 T 37 N R 62 E
PERMIT/WAIVER No. R-700 NDAC
Issued by Water Resources Parcel No. _____

Latitude N41°06'08.4" UTM E NAD 27
Longitude W114°51'27.7" 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 Geo Probe

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Fill sandy gravel		0	3	3
Sandy silt		3	6.5	3.5
CLAYEY SILT		6.5	9	2.5
SILTY SAND		9	10.5	1.5
Sandy silt		10.5	12	1.5
Silty sand	Wat	12	13	1
Silty clay		13	15	2
Clayey gravel	Wat	15	18	3
Sandy clay		18	24	6

9. WELL CONSTRUCTION

Depth Drilled 24 Feet Depth Cased 23 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>3.5</u>	<u>0</u>	<u>24</u>	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 5/8</u>	<u>40</u>	<u>PVC</u>	<u>0</u>	<u>23</u>

Perforations:

Type of perforation Factory Slots
Size of perforation 0.25

From 6 feet to 23 feet

Annular Seal: Yes No

Neat Cement 1 to 4 Pumped Poured vib. rated
 Cement Grout Pumped Poured
 Concrete Grout Pumped Poured
 ≥30% Bentonite Grout Pumped Poured

Gravel Pack: Yes No 6 to 23 Pumped Poured as wet slurry
Type: 10-20 Colorado Silica
Bentonite Chips: Yes No 4 to 6 Pumped Poured
Type: 3050 mesh Granular Bentonite

Date started: 3/28/12 20 12
Date completed: 3/29 20 12

7. Water Level
Static water level: 12 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION

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

Name Elite Drilling, Inc. Contractor
Address 4255 W Post Rd. Las Vegas, NV. 89118 Contractor
Nevada contractor's license number 054931 issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources the on-site driller M-1944
Signed Thomas M. Break By driller performing equal drilling on-site or contractor
Date 4/3/12

(Rev 05-06) 41-102411 NAD 27
114.956816
(NSPO 3-08)

USE ADDITIONAL SHEETS IF NECESSARY