

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

OFFICE USE ONLY
Log No. 115971
Permit No. _____
Basin 071

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

1. OWNER James + Shelley Klassen ADDRESS AT WELL LOCATION 3245 Potbelly Rd.
MAILING ADDRESS 3245 Potbelly Rd. Winnemucca NV. 89445 Subdivision Name: _____ County: Humboldt
NOTICE OF INTENT NO. 68481

2. LOCATION NE 1/4 NE 1/4 Sec 25 T 350/SR 37 E Latitude N 40° 52.989 UTM E NAD 27
PERMIT/WAIVER No. 1019-142-01 Longitude W 117° 45.543 N 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	Thickness
<u>Coarse Gravel Sand</u>		<u>140</u>	<u>240</u>	<u>100</u>
<u>deepens orig well log #10923</u>				
RECEIVED NOV 29 PM 2:21 STATE ENGINEERS OFFICE				

9. WELL CONSTRUCTION

Depth Drilled 240 Feet Depth Cased 240 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>6 1/8</u>	<u>140</u>	<u>240</u>	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>	<u>PVC</u>	<u>Sheet</u>	<u>120</u>	<u>240</u>

Perforations:

Type of perforation Slot
Size of perforation .20

From 120 feet to 240 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 140 to 240 Pumped Poured
Type: Natural
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 10-12 20 12
Date completed: 10-17 20 12

7. Water Level
Static water level: 128 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Clear

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>30</u>	<u>NA</u>	<u>3</u>

10. DRILLER'S CERTIFICATION

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

Name Allied Drilling Inc. Contractor
Address 5140 Jungo Rd.
Winnemucca NV. 89445
Nevada contractor's license number _____
issued by the State Contractor's Board 76778
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1563

Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 10-20-12