

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

OFFICE USE ONLY
Log No. 116091
Permit No. _____
Basin No. 021

PRINT OR TYPE IN BLACK INK 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. 18463
WELL NAME (if applicable) _____

1. OWNER/CLIENT NAME (Cecilia + Lena Courtney) Courtney
MAILING ADDRESS P.O. Box 1 NW, Gerlach NV 89412

ST. Rt. 447 - Gerlach, NV
DETAILED ADDRESS AT WELL LOCATION 89700 Rte 447 Gerlach NV 89412
Subdivision Name: _____ County: Washoe

2. PLS LOCATION SW 1/4 SE 1/4 19 Sec 34 N/S 22 E
PERMIT/WAIVER NO. 071-320-13
Issued by Water Resources Current Parcel No. _____

Latitude UTM E 8206589 NAD 27
Longitude UTM N 4571433 NAD 83/WGS 84
See below

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec Other

5. WELL TYPE
 Rotary RVC
 Mud Sonic
 Auger Air Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
Sand & Gravel			0	5	5
Brown clay			5	12	7
Sand & Gravel			12	20	8
Brown clay			20	25	5
Sand & Gravel / pebbles			25	129	104
Granite			129	214	115

9. WELL CONSTRUCTION

Depth Drilled: Feet	Depth Cased: Feet
10 3/4	
8 1/2	

HOLE DIAMETER (BIT SIZE)

Inches	From	To
10 3/4	0	100
8 1/2	100	214

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8			0	214

PERFORATIONS:
Type of perforation: factory slot
Size of perforation: 1/8"
From 133 Feet To 138 Feet
From 156 Feet To 163 Feet
From 183 Feet To 188 Feet

ANNULAR MATERIALS 214

<input type="checkbox"/> Sanitary Seal	<u>0</u> to <u>100</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Neat Cement	<u>0</u> to <u>100</u>	<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	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> Other, explain: _____			
<input type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>100</u> to <u>214</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: 9-4, 20 12
Date completed: 9-7, 20 12

7. WATER QUALITIES
Static water level: 4' Feet below land
Artesian Flow: _____ G.P.M.
Water Temperature: cool ° Fahrenheit
Water Quality: good

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift
NTF 128	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.P.M.	<u>30</u>	Draw Down (Feet Below Static)	Recorded Time (Hours)
			<u>1 HR</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name: Wesley Carr Contractor
Address: P.O. Box 898 Fallon NV 89426 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 11752
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1727
Signed: D. Carr # 1929
By driller performing actual drilling on site or contractor
Date: 9-10-12