

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

OFFICE USE ONLY
Log No. 116521
Permit No. _____
Basin 616A

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 Pauline Lambert + Victor Trust ADDRESS AT WELL LOCATION 3540 Georgia Circle
MAILING ADDRESS 4085 Lambert Dr. Winnemucca NV. 89445 Subdivision Name: Delarroy County: Humboldt
NOTICE OF INTENT NO. 68492

2. LOCATION NE 1/4 SW 1/4 Sec 10 T 37 N S R 38 E Latitude N 41° 05.766' UTM E NAD 27
PERMIT/WAIVER No. R-723 006-612-51 Longitude W 117° 41.435' 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>Sand</u>	<u>NO</u>	<u>0</u>	<u>5</u>	<u>5</u>
<u>Clay</u>	<u>NO</u>	<u>5</u>	<u>20</u>	<u>15</u>
<u>Gravel Clay Sand</u>	<u>NO</u>	<u>20</u>	<u>30</u>	<u>30</u>
<u>Gravel Clay Sand</u>	<u>Yes</u>	<u>50</u>	<u>100</u>	<u>50</u>

9. WELL CONSTRUCTION
Depth Drilled 100 Feet Depth Cased 100 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>10 7/8</u>	<u>0</u>	<u>100</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>Steel</u>	<u>0.188</u>	<u>0</u>	<u>20</u>
<u>6 7/8</u>	<u>PVC</u>	<u>Sched 40</u>	<u>20</u>	<u>100</u>

Perforations:

Type of perforation Slot
Size of perforation .020

From 20 feet to 100 feet

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout to to Pumped Poured
 Concrete Grout to to Pumped Poured
 ≥30% Bentonite Grout to to Pumped Poured

Gravel Pack: Yes No 50 to 100 Pumped Poured
Type: 3/8" Pea

Bentonite Chips: Yes No to to Pumped Poured
Type: _____

Date started: 12-26, 20 12
Date completed: 12-28, 20 12

7. Water Level
Static water level: 42 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Clear

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20</u>	<u>NA</u>	<u>13</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. Contractor
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 1543
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 1-15-13

RECEIVED
2013 FEB - 5 PM 2:30
STATE ENGINEERS OFFICE

41.096100°N
117.690583°W NAD27

USE ADDITIONAL SHEETS IF NECESSARY