

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

OFFICE USE ONLY
Log No. 116523
Permit No. _____
Basin 189D

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. 68510

1. OWNER Brent Campbell ADDRESS AT WELL LOCATION Montello
MAILING ADDRESS 1429 W 2275 S 8 mi. N. of Montello - Tecoma Valley
Syracuse UT Subdivision Name: Gamble County: Piute
2. LOCATION NE 1/4 SW 1/4 21 T 40 N R 70 E Latitude W 114° 03.286 UTM E NAD 27
PERMIT/WAIVER No. 010-81E-043 Longitude N 41° 19.986 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
sands		0	50	50
large gravels		50	56	6
sand/light gravel mix		56	100	44
silt stone	135	100	145	45
silt stone/gravel		145	160	15

9. WELL CONSTRUCTION

Depth Drilled 160 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>10 5/8</u> inches	<u>0</u> inches	<u>160</u> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>+1</u>	<u>160</u>

Perforations:

Type of perforation mill slot
Size of perforation 3/16x3

From 140 feet to 160 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ 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 160 Pumped Poured
Type: pea gravel

Bentonite Chips: Yes No 10 to 50 Pumped Poured
Type: _____

Date started: 6/28, 20 12
Date completed: 6/29, 20 12

7. Water Level

Static water level: 1.09 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>40</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 7-5-12