

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

OFFICE USE ONLY

Log No. 116558

Permit No. _____

Basin 049

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. 69919

1. OWNER ARNOLD BECK CONSTRUCTION INC ADDRESS AT WELL LOCATION 1220 DRY CREEK TRAIL
MAILING ADDRESS 247 GREENCREST DR
SPRING CREEK, NV 89815 Subdivision Name: SPECIAL LANDS County: ELKO

2. LOCATION SE ¼ NW ¼ Sec 33 T 34N N/S R 55 E Latitude UTM E 11T 0602274 NAD 27
PERMIT/WAIVER No. 006-09Q-027 Longitude N 4515904 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	Thick-ness
TOP SOIL		0	1	1
RED BROWN GRAVEL w/ BOLDERS		1	90	89
GREY GREEN SILT & GRAVEL		90	110	20
BLACK CLAY		110	140	30
GREY CLAY w/ SILT		140	255	115
GREY VOLCANIC TUFT	X	255	300	45
BROWN & GREY SAND & CLAY w/ RED GRAVEL	X	300	320	20
1ST WATER	X	260		
2ND WATER	XX	300		

9. WELL CONSTRUCTION				
Depth Drilled	320	Feet	Depth Cased	320
HOLE DIAMETER (BIT SIZE)				
	From		To	
	10 5/8	inches	0	320
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+2	320

Perforations:

Type of perforation PLASMA CUT
Size of perforation 3/16" X 4", 7 ROWS
From 300 feet to 320 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 4 to 25 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 55 to 320 Pumped Poured
Type: 3/8" WASHED PEA GRAVEL

Bentonite Chips: Yes No 25 to 55 Pumped Poured
Type: 3/8" BENTONITE CHIPS

Date started: 7-Feb , 20 13
Date completed: 12-Feb , 20 13

7. Water Level
Static water level: 89 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 62 °F
Quality: GOOD

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			
AT 300'	25		3 1/2 HOURS
AT 240'	20		
AT 180'	10		

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name HACKWORTH DRILLING, INC.
Contractor

Address P. O. BOX 850
Contractor

ELKO, NV 89803

Nevada contractor's license number _____
issued by the State Contractor's Board 020582

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 1653

Signed Jay C. Benn
By driller performing actual drilling on site or contractor

Date 2/13/2013