

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

OFFICE USE ONLY
Log No. 116573
Permit No. _____
Basin 070

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 Abraham Toscano ADDRESS AT WELL LOCATION 5830 Bird Lane
MAILING ADDRESS 201 N. Bridge St. Winnemucca NV, 89445 Subdivision Name: _____ County: Humboldt
NOTICE OF INTENT NO. 60771
2. LOCATION SW 1/4 SE 1/4 Sec 2 T 350 S R 37 E Latitude N 40° 55.857 UTM E NAD 27
PERMIT/WAIVER No. 13-034-31 Longitude W 117° 46.780 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
Clay soft brown	NO	0	80	80
Clay Gravel	NO	80	120	40
Gravel	Yes	120	180	60
Clay & Gravel	NO	180	200	20
Gravel & Sand	Yes	200	230	30
Hard brown Clay	NO	230	240	10

9. WELL CONSTRUCTION
Depth Drilled 240 Feet Depth Cased 240 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 240
10 7/8 Inches Feet
Inches Feet
Inches Feet
CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>Steel</u>	<u>0.188</u>	<u>0</u>	<u>20</u>
<u>6 7/8</u>	<u>PVC</u>	<u>Shed 40</u>	<u>20</u>	<u>240</u>

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Perforations:
Type of perforation slot
Size of perforation 3/8"
From 200 feet to 240 feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 50 to 240 Pumped Poured
Type: 3/8" Pvc
Bentonite Chips: Yes No 180 to 185 Pumped Poured
Type: 3/8

7. Water Level
Static water level: 57' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °F
Quality: clear

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>5-24-12</u>				<u>40*</u>	<u>0</u>	<u>3</u>
<u>5-25-12</u>				<u>40</u>	<u>0</u>	<u>1</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 1563
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 5-31-12