

State

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

OFFICE USE ONLY
Log No. 116954
Permit No. _____
Basin 059

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. 69437

1. OWNER JOSR LEON
MAILING ADDRESS 1465-1900 E ST.
BATTLE MTN NV 89820

ADDRESS AT WELL LOCATION 1710 Presidential
BATTLE MTN NV 89820
Subdivision Name: _____ County: LANDER

2. LOCATION SW 1/4 SE 1/4 Sec 4 T 31 N SR 45 E
PERMIT/WAIVER No. 011-380-03

Latitude UTM E 507754 NAD 27
Longitude N 4441993 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
TOP SOIL		0	10	10
SAND + GRAVEL		10	20	10
SAND + GRAVEL		20	40	20
SANDY CLAY		40	60	20
SOFT TAN CLAY		60	80	20

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
<u>80</u>		<u>80</u>		

HOLE DIAMETER (BIT SIZE)				
Inches	From	To	Feet	Feet
<u>10 5/8</u>	<u>0</u>	<u>80</u>		

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>71</u>	<u>80</u>

Perforations:				
Type of perforation	Size of perforation	From	feet to	feet
<u>SAVED (PVC)</u>	<u>3/16 x 2</u>	<u>60</u>	<u>80</u>	

Annular Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Neat Cement	to	<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	<u>5</u> to <u>25</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured	
<input type="checkbox"/> 20% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>52</u> to <u>80</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured	
Type: <u>FINCH</u>				
Bentonite Chips: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>25</u> to <u>52</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured	
Type: <u>3/8 INCH</u>				

Date started: 6-10 2013
Date completed: 6-13 2013

7. Water Level
Static water level: 8 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 60 °F
Quality: Good

8. WELL TEST DATA			
TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Rotary</u>	<u>40+</u>	<u>UNK</u>	<u>2 HRS</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name LBJ DRILLING & PUMP COMPANY, INC.
Address P.O. BOX 902 - Winnemucca, NV 89446
Nevada contractor's license number issued by the State Contractor's Board 0009605A
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1807
Signed Joe Boggio
By driller performing actual drilling on site or contractor Joe Boggio
Date _____