

DWR COPY

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

OFFICE USE ONLY
Log No. 117605
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

NOTICE OF INTENT NO. 69438

1. OWNER WALTER VETTER
MAILING ADDRESS P.O. Box 21
WMCA, NV 89446
2. LOCATION NW 1/4 NW 1/4 Sec 20 T 36 N/R 33 E
PERMIT/WAIVER No. 015-193-11
Issued by Water Resources Parcel No.

ADDRESS AT WELL LOCATION 1100 E NATIONAL AVE
WMCA, NV 89445
Subdivision Name: DOMRS County: Humboldt
Latitude UTM 438300 NAD 27
Longitude N 4537448 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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	5	5
Gravel + ROCK		5	20	15
ROCK		20	80	60
ROCK + CLAY		80	100	20
YELLOW CLAY		120	103	3
SAND + GRAVEL		103	140	37
TAN CLAY SAND GRAVEL MIX		140	255	115
HARD CLAY		255	265	10

9. WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
265		265	

HOLE DIAMETER (BIT SIZE)			
Inches	From	To	Feet
10 5/8	0	265	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.188	+2	265

Perforations:
Type of perforation Torch Cut
Size of perforation 3/16 x 6
From 225 feet to 265 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout 6 to 30 Pumped Poured
 Concrete Grout chips to _____ Pumped Poured
 Bentonite 30 to 110 Pumped Poured
Gravel Pack: Yes No 220 to 265 Pumped Poured
Type: _____
Bentonite Chips: Yes No 110 to 220 Pumped Poured
Type: _____

Date started: 7-31, 20 13
Date completed: 8-4, 20 13

7. Water Level
Static water level: 64 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °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			
<u>Rotary</u>	<u>200</u>	<u>UNK</u>	<u>4 Hrs</u>
<u>NAD 27</u>			
<u>40.987483°N</u>			
<u>117.733479°W</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.
Contractor
Address P.O. BOX 902 - Winnemucca, NV 89446
Contractor
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
Date _____