

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

OFFICE USE ONLY
Log No. 117628
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 Kevin Wilson ADDRESS AT WELL LOCATION 6995 Riverview Ln. Winnemucca NV. 89445 NOTICE OF INTENT NO. 66770 ✓
MAILING ADDRESS P.O. Box 411 Winnemucca NV. 89445 Subdivision Name: Riverview Estates County: Humboldt
2. LOCATION SW 1/4 NW 1/4 Sec 34 T 36 S R 37 E Latitude N 40° 57.169 UTM E NAD 27
PERMIT/WAIVER No. 10-695-11 Longitude W 117° 48.604 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
Sand	NO	0	1	1
Caliche	NO	1	5	4
Hard brown clay	NO	5	80	75
Medium loose gravel	YES	80	95	15
Hard cemented gravel and rock	NO	95	175	80
loose gravel	YES	175	185	10

9. WELL CONSTRUCTION
Depth Drilled 185 Feet Depth Cased 185 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 185
Inches _____ Feet _____
Inches _____ Feet _____
Inches _____ Feet _____
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
6 7/8 .188 Steel 0 25
Sched 40 PVC 6 7/8" 25 185

Date started: 5-4-12 20 12
Date completed: 5-14 20 12

Perforations
Type of perforation 1/4 slot
Size of perforation 1/4"
From 165 feet to 185 feet
From _____ feet to _____ feet
From _____ feet to _____ 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 185 Pumped Poured
Type: 3/8" Pen gravel
Bentonite Chips: Yes No 150 to 165 Pumped Poured
Type: Coated Pellets

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

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. Winnemucca NV. Contractor
76778
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 12-15-12 5-15-12

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>5-12-12</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>50</u>	<u>0</u>	<u>6</u>
<u>5-14-12</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>50</u>	<u>0</u>	<u>.5</u>

USE ADDITIONAL SHEETS IF NECESSARY
NAD 27 40.952914
117.809101