

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

OFFICE USE ONLY
Log No. 117637
Permit No. _____
Basin 177

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. 67917

1. OWNER Gene Stewart ADDRESS AT WELL LOCATION 2 miles west of MM
MAILING ADDRESS PO Box 221 Alamo #55 US 93 south of wells
Nevedg 89001 Subdivision Name: 8 County: ELKO

2. LOCATION SE 1/4 NW 1/4 Sec 14 T 37 N R 62 E Latitude N40 49.851 UTM E NAD 27
PERMIT/WAIVER No. 00831N 004 Longitude W 114 56.681 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	Thick-ness
TOP Soil		0	8	8
Sand-Gravel		8	70	62
Hard Rock		70	106	36
Sand-Boulders	X	106	160	54
Hard Clay		160	166	6

7' of 8" steel casing was grouted over PVC at surface

9. WELL CONSTRUCTION

Depth Drilled 166 Feet Depth Cased 166 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>11</u>	<u>0</u>	<u>166</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 1/2</u>	<u>PVC</u>	<u>SCH 40</u>	<u>0</u>	<u>166</u>

Perforations:

Type of perforation saw cut
Size of perforation 1/8" x 3"

From	To	Feet	Feet
<u>66</u>	<u>166</u>		

Annular Seal: Yes No

Material	From (Feet)	To (Feet)	Pumped	Poured
<input checked="" type="checkbox"/> Lean Cement	<u>0</u>	<u>50</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cement Grout			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concrete Grout			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ≥30% Bentonite Grout			<input type="checkbox"/>	<input type="checkbox"/>

Gravel Pack: Yes No 50 to 166 Pumped Poured
Type: 1/4" minus

Bentonite Chips: Yes No Pumped Poured
Type: _____

Date started: 8-12-2013, 20
Date completed: 8-14-2013, 20

7. Water Level

Static water level: 22 feet below land surface
Artesian Flow: 0 G.P.M. _____ P.S.I.
Water Temperature: 60 °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>200</u>		<u>1</u>
<u>NAD27</u>			
<u>40.43 0925°N</u>			
<u>114.943808°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 Davis Drilling and Pumps Contractor
Address HC 61 Box 54 Hiko, NV 89017 Contractor

Nevada contractor's license number _____
issued by the State Contractor's Board 0028968

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 117916

Signed Mike Davis
By driller performing actual drilling on-site of contractor

Date 8-15-2013

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY