

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

OFFICE USE ONLY
Log No. 114250
Permit No. _____
Basin 170

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. 70602

1. OWNER Kade Crawford
MAILING ADDRESS 5195 E BIRCHWAY ST
WMOA NV 89445

ADDRESS AT WELL LOCATION 11930 Edon Vly Rd
SOB COMDA NV 89414
Subdivision Name: _____
County: Humboldt

2. LOCATION SW 1/4 SW 1/4 Sec 28 T 37 N R 40 E
PERMIT/WAIVER No. 106-422-03

Latitude _____ UTM E 459152 NAD 27
Longitude _____ N 4544060 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Municipal/Industrial
 Irrigation Monitor
 Test Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>TOP SOIL</u>		<u>0</u>	<u>5</u>	<u>5</u>
<u>TAN CLAY</u>		<u>5</u>	<u>60</u>	<u>55</u>
<u>SAND & GRAVEL</u>		<u>60</u>	<u>100</u>	<u>40</u>
<u>ROCKY CLAY</u>		<u>100</u>	<u>140</u>	<u>40</u>
<u>ROCK (GRAVEL) & SAND</u>		<u>140</u>	<u>180</u>	<u>40</u>

9. WELL CONSTRUCTION

Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
<u>10 5/8</u>	<u>0</u>	<u>180</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>		<u>0.188</u>	<u>71</u>	<u>180</u>

RECEIVED
2013 OCT -8 AM 11:03
STATE ENGINEERS OFFICE

Perforations:
Type of perforation Torch CUT.
Size of perforation 3/16 x 4

From	feet to	feet
<u>140</u>	<u>180</u>	

Annular Seal: Yes No

Material	to	Pumped	Poured
<input type="checkbox"/> Neat Cement		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	<u>6</u> to <u>60</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> 20% Bentonite Grout		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 130 to 180 Pumped Poured

Type: 4

Bentonite Chips: Yes No 60 to 130 Pumped Poured

Type: 3/8

Date started: 9-26, 20 13
Date completed: 9-27, 20 13

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

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 JOE BOGGIO

Date _____

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Rotary</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>200</u>	<u>UNK</u>	<u>3 Hrs</u>
<u>NAD 27</u>						
<u>41.6115455°N</u>						
<u>117.446642°W</u>						