

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

OFFICE USE ONLY
Log No. 115750
Permit No. _____
Basin 202

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 Jerry Lee Peterson ADDRESS AT WELL LOCATION Rice Rd Mt Wilson 20
MAILING ADDRESS HC 37 Box 645 Sandy Valley NV 89019 miles NE of Pioche
Subdivision Name: Mt Wilson County: Lin
2. LOCATION SE 1/4 NE 1/4 Sec 2 T 4 N R 67 E Latitude N 38° 14' 48" UTM E NAD 27
PERMIT/WAIVER No. 006-091-48 Longitude W 114° 26' 08" N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

NOTICE OF INTENT NO. 70913

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Monitor Municipal/Industrial Stock
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOPSOIL		0	2	2
Fractured Rock		2	225	218
Steel 6" casing was grouted over the top of PUC Production casing, this casing was 8' long				

9. WELL CONSTRUCTION
Depth Drilled 225 Feet Depth Cased 225 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 225
Inches 8 3/4 Feet _____
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4 1/2</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>225</u>

Perforations:
Type of perforation Saw cut
Size of perforation 1/8" x 3"
From 80 feet to 225 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout -4 to 54 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 54 to 225 Pumped Poured
Type: 1/4" minus
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 12-11-2013, 20
Date completed: 12-19-2013, 20

7. Water Level
Static water level: 68 feet below land surface
Artesian Flow: 0 G.P.M. _____ P.S.I.
Water Temperature: Cold °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>600</u>		<u>1</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 Contractor
Hiko NV 89017
Nevada contractor's license number _____
issued by the State Contractor's Board 0028966
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1191
Signed Mike Davis
By driller performing actual drilling on-site or contractor
Date 12-21-2013