

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

OFFICE USE ONLY
Log No. 119496
Permit No. _____
Basin 049

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. 70722

1. OWNER ARNOLD BECK CONSTRUCTION INC
MAILING ADDRESS 247 GREENCREST DR
SPRING CREEK, NV 89815

ADDRESS AT WELL LOCATION 790 DRY CREEK TRAIL

Subdivision Name: SPECIAL LANDS County: ELKO

2. LOCATION NE 1/4 NW 1/4 Sec 33 T 34N N/S R 55 E
PERMIT/WAIVER No. 006-09Q-006
Parcel No. _____

Latitude UTM E 11T 0802149 NAD 27
Longitude N 4516509 NAD 83/WGS 84

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	10	10
GRAVEL w/ SOME CLAY		10	40	30
TAN CLAY & GRAVEL		40	70	30
GRAY CLAY		70	250	180
SANDSTONE w/ SOME GRAY CLAY	XX	250	280	30
1ST WATER	X	220		
2ND WATER	XX	260		

9. WELL CONSTRUCTION				
Depth Drilled	280	Feet	Depth Cased	278
HOLE DIAMETER (BIT SIZE)				
	From	To		
10 5/8	Inches	0	Feet	280
	Inches		Feet	
	Inches		Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+2	278

Perforations:
Type of perforation PLASMA CUT
Size of perforation 3/16" X 4" 7 ROW
From 258 feet to 278 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 4 to 105 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 105 to 280 Pumped Poured
 Type: 3/8" WASHED PEA GRAVEL
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: 26-Nov, 20 13
Date completed: 29-Nov, 20 13

7. Water Level
Static water level: 112 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 70 °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 HACKWORTH DRILLING, INC. Contractor
Address P. O. BOX 850 Contractor
ELKO, NV 89803
Nevada contractor's license number _____
issued by the State Contractor's Board
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller
Signed Dale C. Anderson
By driller performing actual drilling on site or contractor
Date 12/3/2013

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			
AT 275'	60		1 HOUR
AT 200'	40		20 MIN
AT 160'	20		5 MIN
AT 140'	8		5 MIN

(Rev. 05-09)

USE ADDITIONAL SHEETS IF NECESSARY

RECEIVED
 DIVISION OF WATER RESOURCES OFFICE
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