

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

OFFICE USE ONLY
Log No. 120508
Permit No. 71659
Basin No. 150

PRINT OR TYPE IN BLACK INK 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. 72225
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Heath Miller
MAILING ADDRESS 525 S. dameron valley dr
dameron UTah 84783

DETAILED ADDRESS AT WELL LOCATION North Valley
Fish lake valley
Subdivision Name: _____ County: NVE

2. PLS LOCATION NE 1/4 SW 1/4 6 Sec 11 N/S 50 E
PERMIT/WAIVER NO. 71660 71659
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 551962.59 NAD 27
Longitude _____ UTM N 4296636.1 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Corn / Ind Stock
 Test / Other Mun / QM Rec Other

5. WELL TYPE
 Auger Rotary RVC
 Mud Sonic

6. LITHOLOGIC LOG

| Material Encountered | Lost Circ. | Water Strata | From | To | Thick-ness |
|-----------------------|------------|--------------|------|-----|------------|
| Top Soil | | | 0 | 1 | 1 |
| Brown clay | | | 1 | 20 | 19 |
| Brown Sands | | X | 20 | 80 | 60 |
| 80- Brown clay | | | 80 | 95 | 15 |
| M.C. Sands gravels | | X | 95 | 210 | 105 |

9. WELL CONSTRUCTION
Depth Drilled: 210 Feet
Depth Cased: 210 Feet
HOLE DIAMETER (BIT SIZE)
From To
24 Inches 0 Feet 210 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>16</u> | <u>42.09</u> | <u>.250</u> | <u>11</u> | <u>210</u> |

RECEIVED
AUG 06 2014
STATE ENGINEER'S OFFICE

PERFORATIONS:
Type of perforation: Machine Slot
Size of perforation: .080
From 100 Feet To 210 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Sanitary Seal _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Neat Cement _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input checked="" type="checkbox"/> Cement Grout <u>0</u> to <u>100</u> | <input checked="" type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Concrete Grout _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Bentonite Chips _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Bentonite Grout _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> 15 % <input type="checkbox"/> 20 % <input type="checkbox"/> Other, explain: _____ | | |
| <input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.] <u>100</u> to <u>210</u> | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
| <input type="checkbox"/> Sand Pack [< 0.2 in.] _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Other, explain: _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |

7. WATER QUALITIES
Static water level: 4' Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 60.0 ° Fahrenheit
Water Quality: OK

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Welsco Corp Contractor
Address P.O. Box 888 Fallon NV 89406 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 11752
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2199
Signed: [Signature]
By driller performing actual drilling on site or contractor
Date: 8-4-14

8. WELL TEST DATA

| Test Method: | Bailer | <input checked="" type="checkbox"/> Pump | Air Lift |
|--------------|-------------------------------|--|----------|
| G.P.M. | Draw Down (Feet Below Static) | Recorded Time (Hours) | |
| <u>2500</u> | <u>30</u> | <u>29</u> | |