

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

OFFICE USE ONLY
 Log No. 121727
 Permit No. 83203
 Basin 117

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **72534**

1. OWNER **Esmeralda County**
 MAILING ADDRESS **233 Crook St.**
Goldfield, NV 89013

ADDRESS AT WELL LOCATION **Dyer Community Center**
Dyer, NV

Subdivision Name: _____ County: **Esmeralda**

2. LOCATION **SW 1/4 NE 1/4 Sec 9 T3S / R35E**

Latitude **37.694545** UTM E NAD 27
 Longitude **-118.094134** N NAD 83/WGS 84

PERMIT/WAIVER NO. **83203** Parcel No. **007-281-06**
Issued by Water Resources

3. WORK 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 **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Silt, cobbles & boulders		0	38	38
Boulders, cobbles, sand, gravel		38	145	107
Brown clay, sand, gravel, cobbles	x	145	230	85
Lg. cbls, brown clay, sand, gravel	x	230	235	5
Brown clay, sand, gravel	x	235	240	5
Boulders, cobbles, sand, gravel	x	240	295	55
Brown clay, sand gravel	x	295	330	35
Brown clay, cbls, sand, gravel	x	330	370	40
Brn clay, Lg cbls, sand gravel	x	370	420	50

DCNR/DWR/SNBO RECEIVED
 FEB 09 2015

Date started: **1-8, 20 15**
 Date completed: **1-13, 20 15**

9. WELL CONSTRUCTION

Depth Drilled **420** Feet Depth Cased **410** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **420** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	410

Perforations:
 Type of perforation **Factory**
 Size of perforation **.060 double row**
 From **310** feet to **410** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 5 to 200 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 200 to 420 Pumped Poured
 Type: **3/8 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level

Static water level: **137** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **66** °F
 Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input checked="" type="checkbox"/>		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Air	80+		6
Pump	45	7	12

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Bruce MacKay Pump & Well Service, Inc.**
(CONTRACTOR)

Address **1600 Mt. Rose Hwy**
(CONTRACTOR)
Reno, NV 89511

Nevada contractor's license number issued by the State Contractor's Board **23096**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1790**

Signed **R. Bruce MacKay**
 By driller performing actual drilling on site or contractor

Date **1-20-2015**