

State 1
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STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 123907
Permit No. _____
Basin 064

PRINT OR TYPE ONLY
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Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 70620

1. OWNER DAVID ITZA ADDRESS AT WELL LOCATION 540 Yellow BRICK RD
MAILING ADDRESS P.O. BOX 578 BATTLE MTN. 89820
BATTLE MTN. 89820-0578 Subdivision Name: ITZA County: HANDON

2. LOCATION SW 1/4 SW 1/4 Sec 13 T33 N3R44 E Latitude _____ UTM ES 52096 NAD 27
PERMIT/WAIVER No. 14-18 1011-020-07 Longitude _____ N4498769 NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

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	Thickness
Top Soil		0	5	
SAND + Red GRAVEL		5	10	
YELLOW CLAY		10	15	
Green CLAY		15	80	
Green CLAY		80	85	
SANDY + yellow CLAY		85	90	
SAND		90	95	
SANDY + yellow CLAY		95	100	
YELLOW CLAY + GRAVEL		100	110	
SANDY + yellow CLAY		110	120	

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NAD 27
40.641667
116.975212

9. WELL CONSTRUCTION

Depth Drilled 120 ft Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)

10 5/8 inches From 0 Feet 120 Feet
inches Feet Feet
inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>0.188</u>	<u>11</u>	<u>120</u>

Perforations:
Type of perforation SAWED
Size of perforation 3/16 x 3

From 100 feet to 120 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 5 to 30 Pumped Poured
 20% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 30 to 120 Pumped Poured
Type: 3/16

Bentonite Chips: Yes No 30 to 80 Pumped Poured
Type: 3/8

7. Water Level

Static water level: 26 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Rotary</u>	<u>60</u>	<u>10 ft</u>	<u>4 hrs</u>

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 of contractor Joe Boggio
Date _____

ITZA'S

DUPLICATE
RETAIN THIS COPY

NOTICE OF INTENT

No. 70620

Today's Date: _____ Intended Start Date: _____

Type of Work to be Done: Drilling: Deepening: Reconditioning: Plugging:

is this a replacement well? Yes No If there is an existing well, what is the well log number? _____

Proposed use of well: _____ Diameter of well: _____ inches Number of wells: _____

If this well is a domestic well, is it located within a water purveyors service area? Yes No If yes, what is the DOM waiver: _____

If this is a monitor well required by another government agency, what is the facility ID number? _____

If this well is being completed under a waiver please provide the corresponding waiver number: _____

If a water right is associated with this well, what is the permit number? _____

Location of the well by Public Land Survey: _____ 1/4 _____ 1/4 Sec. _____ T _____ N/S _____ R _____ E

Latitude: _____ UTM E _____ NAD 27
Longitude: _____ or UTM N _____ NAD 83/WGS 84

Address at well location: 540 YELLOW BRICK RD BATTLE MTN NV 89820

Assessor Parcel Number: _____ Subdivision Name: _____

County: _____

Name of Client: _____

Address of Client: _____

Contractor's License Number: _____ On-Site Drillers License Number: _____

Company Name and Address: _____

Need Log Forms (Rev. 04-07) Need Intent Cards Driller's Signature: _____

ORIGINAL
FILE WITH DIVISION OF
WATER RESOURCES

NOTICE OF INTENT 064

No. 70620

Today's Date: 5-29-14 Intended Start Date: 6-2 Maybe 2014

Type of Work to be Done: Drilling: Deepening: Reconditioning: Plugging:

is this a replacement well? Yes No If there is an existing well, what is the well log number? NA

Proposed use of well: DOMESTIC Diameter of well: 6 inches Number of wells: 1

If this well is a domestic well, is it located within a water purveyors service area? Yes No If yes, what is the DOM waiver: _____

If this is a monitor well required by another government agency, what is the facility ID number? _____

If this well is being completed under a waiver please provide the corresponding waiver number: _____

If a water right is associated with this well, what is the permit number? _____

Location of the well by Public Land Survey: SW 1/4 SW 1/4 Sec. 13 T 22 N/S _____ R 44 E

Latitude: 40.641667 UTM E 502096 NAD 27
Longitude: 116.975212 UTM N 4498769 NAD 83/WGS 84

Address at well location: 540 YELLOW BRICK RD BATTLE MTN, NV 89820

Assessor Parcel Number: 011-020-07

County: LANDER Subdivision Name: _____

Name of Client: DAVID ITZA (DEVELOPER) (BMD, LLC)

Address of Client: P.O. Box 578 BATTLE MTN., NV 89820

Contractor's License Number: 0009605A On-Site Drillers License Number: 1807

Company Name and Address: LBS DRILLING + PUMP CO - P.O. Box 902 WMCA, NV 89446

Need Log Forms (Rev. 04-07) Need Intent Cards Driller's Signature: JOE BOGGIO

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