

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 62763

PRINT OR TYPE ONLY

OWNER CITY OF ELKO ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1751 COLLEGE _____
ELKO, NV 89801 _____
 2. LOCATION SE 1/4 SE 1/4 Sec. 3 T. 34 NS R. 55 E ELK County _____
 PERMIT NO. Waiver Parcel No. G.C. #1 Subdivision Name _____
Issued by Water Resources

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock Other
Manufacturing

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Soil & boulders</u>		<u>0</u>	<u>3</u>	
<u>Alluvial sand & gravel w/weak clay cement</u>		<u>3</u>	<u>97</u>	
<u>Clay</u>		<u>97</u>	<u>109</u>	
		<u>T.D. 109</u>		

8. WELL CONSTRUCTION
 Diameter hole 10 inches Total depth 109 feet
 Casing record Stainless steel & PVC
 Weight per foot _____ Thickness _____

Diameter	From	To
<u>4 1/2</u> inches	<u>+1</u> feet	<u>1.07</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type Concrete grout
 Depth of seal 10 feet
 Gravel packed: Yes No
 Gravel packed from 10 feet to 109 feet
 Perforations:
 Type perforation Screen
 Size perforation 020
 From 10 feet to 97 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level N/A feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

Date started 10/28 1985
 Date completed 10/31 1985

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name MUTH DRILLING Co Contractor
 Address 203 PINE ST. ELKO, NV 89801 Contractor
 Nevada contractor's license number 10819
 Nevada contractor's drillers number 632
 Nevada driller's license number 632 Actual Driller
 Signed James V. Muth Contractor
 Date 11/3/85

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours