



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 24779

1. OWNER B.M. 3900 Idaho st ADDRESS AT WELL LOCATION Rural
 MAILING ADDRESS Elko, No 89803 OB#4
 2. LOCATION NW 1/4 NW 1/4 Sec. 31 T 43 R 59 Elko County
 PERMIT NO. M10696 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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
Sand (Bog)		0	5 1/2	
Rock Broken	X	5 1/2	6 3/4	
Rock	X	6 3/4	-	

8. WELL CONSTRUCTION
 Depth Drilled 16 Feet Depth Cased 16 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
6 1/2 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 1/2</u>		<u>std.</u>	<u>+2</u>	<u>8'4"</u>

Perforations:
 Type perforation PVC Screen
 Size perforation .020
 From 8'4" feet to 16'4" feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 2' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 2' feet to _____ feet

9. WATER LEVEL
 Static water level 2'9" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name K.D. Reynolds Contractor
 Address Wells, NV Contractor
 Nevada contractor's license number issued by the State Contractor's Board 014410
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1390
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 11-5-99

Date started 10-7, 1999
 Date completed 10-13, 1999

7. WELL TEST DATA

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

'94 DEC 15 P2:28
 STATE ENGINEERS