WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 47823
Permit No.
Basin 042

NOTICE OF INTENT NO. 24979

1. OWNER BLM 3900 Idaho St
MAILING ADDRESS Elko, Nev.
ADDRESS AT WELL LOCATION Rur #1 OB 3

2. LOCATION NW ¼ NW ¼ Sec. 31 T 43 N/S R 59 E Elko County
PERMIT NO. M/O 686 (Issued by Water Resources) | Parcel No. | Subdivision Name

3. WORK PERFORMED
[X] New Well [ ] Replace [ ] Recondition
[ ] Deepen [ ] Abandon [ ] Other

4. PROPOSED USE
[ ] Domestic [ ] Irrigation [ ] Test
[ ] Municipal/Industrial [X] Monitor [ ] Stock

5. WELL TYPE
[ ] Cable [X] Rotary [ ] RVC
[X] Air [ ] Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Soil		0	4	
Gravel		4	7½	
Rock	X	7½	-	

8. WELL CONSTRUCTION
Depth Drilled 19 Feet Depth Cased 19 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From Feet	To Feet
6½	0	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2½		std	+2	17

Perforations:
Type perforation PVC screen
Size perforation .020
From 17' feet to 19' feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Surface Seal: [X] Yes [ ] No
Depth of Seal 16
Placement Method: [ ] Pumped [X] Poured
Seal Type: [ ] Neat Cement [X] Cement Grout [ ] Concrete Grout

Gravel Packed: [X] Yes [ ] No
From 16 feet to 19 feet

9. WATER LEVEL
Static water level 2-8' 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 [signature] Contractor
Address [signature] 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 12-5-94

Date started 10-6, 1994
Date completed 10-6, 1994

7. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

94 DEC 15 P 2:28
STATE ENGINEER

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627