

OFFICE USE ONLY  
 Log No. 64667  
 Permit No. 048  
 Basin 048

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. \_\_\_\_\_

1. OWNER BILL CRANE ADDRESS AT WELL LOCATION West End Elko Summit Drive Lot 16  
 MAILING ADDRESS 19 West Hannum Saginaw, Michigan 48602  
 2. LOCATION SW 1/4 SW 1/4 Sec. 25 T. 34 N. S. R. 55 E ELKO County  
 PERMIT NO. AS818 NOT FOR Lot 16 Parcel No. ELKO SUMMIT Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  
 Domestic  Municipal/Industrial  Irrigation  Monitor  Test  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sud soil		0	4	4
Cemented white SANDSTONE		4	72	68
Brown Rock		72	73	1
Cemented white SANDSTONE		73	125	52
Yellow & Brown Rock		125	130	5
Brown Rock		130	138	8
White SANDSTONE		138	178	40
Brown Rock		178	192	14
Black shale		192	320	128
Brown Rock sand	X	320	324	4
White SAND		324	340	16
BLACK shale				

8. WELL CONSTRUCTION  
 Depth Drilled 340 Feet Depth Cased 340 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 11 Inches To 0 Feet 340 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>12.72</u>	<u>188</u>	<u>41</u>	<u>340</u>

Perforations:  
 Type perforation slots  
 Size perforation 3/16 x 3"  
 From 55 feet to 20 feet  
 From 320 feet to 340 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 50  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 50 feet to 340 feet

9. WATER LEVEL  
 Static water level 50 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cold °F Quality good

Date started 9-5- 1994  
 Date completed 10-6 1994

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Fertig Drilling Contractor  
 Address P.O. Box 525 Elko NV 89801 Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 31904  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584  
 Signed Sheryl C. Fertig  
 By driller performing actual drilling on site or contractor  
 Date 10-16-94