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. 66667
Permit No.
Basin 044
NOTICE OF INTENT NO. 30580

1. OWNER DARRELL BROWN
MAILING ADDRESS P.O. BOX 281143
LAMOILLE, NV 89828

ADDRESS AT WELL LOCATION
OFF MT. VIEW DR. NEAR LAMOILLE, NEVADA

2. LOCATION NW 1/4 NW 1/4 Sec. 32 T 33N N/S R 58E E ELKO County
PERMIT NO. _____ Issued by Water Resources | 07-080-BC Parcel No. | SUSTACHA Subdivision Name

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

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

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOPSOIL		0	3	3
BROWN CLAY		3	40	37
BOULDERS & SAND		40	80	40
GRANITE		80	120	40
SAND & GRAVEL	X	120	140	20

Date started 10/29/96, 19__
Date completed 10/2/96, 19__

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

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
30		3

8. WELL CONSTRUCTION
Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From (Feet)	To (Feet)
10 5/8	0	140

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	140

Perforations:
Type perforation MILLSLOT
Size perforation 3/16 X 3
From 120 feet to 140 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 50'
Placement Method: [ ] Pumped [X] Poured
Seal Type: [X] Neat Cement [ ] Cement Grout [ ] Concrete Grout

Gravel Packed: [X] Yes [ ] No
From 50 feet to 140 feet

9. WATER LEVEL
Static water level 95 feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °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 Hackworth Drilling, Inc. (Contractor)
Address P.O. Box 850 (Contractor)
Elko, NV 89803

Nevada contractor's license number issued by the State Contractor's Board 020582

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1689

Signed David Hack
By driller performing actual drilling on-site or contractor

Date 10-30-96