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. 67609
Permit No.
Basin 049

NOTICE OF INTENT NO. 35443

1. OWNER ROB LINDSAY
MAILING ADDRESS P.O. BOX 285
ALTAMONT, UT 84001

ADDRESS AT WELL LOCATION
NE CORNER OF CHIPPEWA & SO. 9TH ST.

2. LOCATION NW 1/4 SW 1/4 Sec. 9 T 35N N/S R 56E E ELKO County
PERMIT NO. _____ (Issued by Water Resources) 35-056-05 (Parcel No.) MVR #3 (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
SILTSTONE & BOULDERS		3	30	27
SILTSTONE & GRAVEL	X - 200	30	240	210

RECEIVED 97 APR 17 AM 10:50 STATE ENGINEER'S OFFICE

Date started 4/9/97, 19__
Date completed 4/9/97, 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 240 Feet Depth Cased 240 Feet

HOLE DIAMETER (BIT SIZE)

		From	To
10 5/8	Inches	0 Feet	240 Feet
	Inches	Feet	Feet
	Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	240

Perforations:
Type perforation MILLSLOT
Size perforation 3/16 X 3
From 220 feet to 240 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: [ ] Neat Cement [ ] Cement Grout [X] Concrete Grout

Gravel Packed: [X] Yes [ ] No
From 50 feet to 240 feet

9. WATER LEVEL
Static water level 122 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 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 Darin Benson
By driller performing actual drilling on-site or contractor

Date 4-15-97