

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 4840
 Permit No. 72
 Basin

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 40834

1. OWNER Pershing County ADDRESS AT WELL LOCATION Town of Inlay Nevada
 MAILING ADDRESS P.O. Drawer E
Lovelock, NV 89419

2. LOCATION NE 1/4 SE 1/4 Sec. 8 T 32 N/S R 34 E Pershing County
 PERMIT NO. 64064 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
 6. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy soil		0	3	
Gravel		3	32	29
Clay		32	39	7
Sand & gravel		39	48	9
Sand & Gravel w/cobbles		48	112	64
Cobbles w/clay stringers		112	175	63
Clay w/some cobbles		175	200	25
Sand & gravel		200	242	42
Gravel & clay		242	250	8
Clay		250	280	30

8. WELL CONSTRUCTION
 Depth Drilled 280 Feet Depth Cased 260 Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
<u>30</u> inches	<u>0</u> Feet	<u>31</u> Feet
<u>18</u> inches	<u>31</u> Feet	<u>280</u> Feet

 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>20</u>		<u>.375</u>	<u>0</u>	<u>32</u>
<u>10-3/4</u>		<u>.250</u>	<u>+2</u>	<u>80</u>
		<u>1" sounding tube sch 40</u>	<u>0</u>	<u>140</u>
		<u>2" gravel tube sch 40</u>	<u>0</u>	<u>51</u>

 Perforations: Johnson wire wrap
 Type perforation: _____
 Size perforation: .050
 From 80 feet to screen 240 feet
 From _____ feet to _____ feet
 From 240 feet to Blank 260 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 280 feet

RECEIVED
 99 MAR -5 AM 11:09
 STATE ENGINEERS OFFICE

9. WATER LEVEL
 Static water level 60.40 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality good

Date started 2/8/99 , 19
 Date completed 2/12/99 , 19

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Humboldt Drilling & Pump Co., Inc. Contractor
 Address 4675 W. Winnemucca Blvd Contractor
Winnemucca, Nevada 89445
 Nevada contractor's license number issued by the State Contractor's Board 015234
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1572
 Signed Tom O. Tomp
 By driller performing actual drilling on-site or contractor
 Date 3/3/99

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>500</u>	<u>2.95</u>	<u>72 hrs</u>	
<u>500</u>	<u>63.350</u>	<u>pumping level</u>	

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