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

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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. 81634
Permit No.
Basin 47

NOTICE OF INTENT NO. 44709

1. OWNER **LENNY MERKLEY**
MAILING ADDRESS **400 JIGGS #14**
SPRING CREEK, NV 89815

ADDRESS AT WELL LOCATION **SMITH CREEK**

2. LOCATION **NE** 1/4 **SE** 1/4 Sec. **1** T **29N** N/S R **56E** E **ELKO** County
PERMIT NO. (Issued by Water Resources) **006-260-004** (Parcel No.) **TRACT OF LAND** (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 [X] Rotary [ ] RVC
[X] Air [ ] Other

6. **LITHOLOGIC LOG**

Material	Water Strata	From	To	Thickness
TOPSOIL		0	1	1
GRANITE		1	6	5
GRAVEL		6	18	12
CLAY & BOULDERS		18	100	82
GRAVEL & BOULDERS	130	100	160	60

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Date started **09/26/2000**, 19__
Date completed **09/26/2000**, 19__

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

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
20		4

8. **WELL CONSTRUCTION**
Depth Drilled **160** Feet Depth Cased **160** Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
10 5/8	Inches	0	Feet	160	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+	160

Perforations:
Type perforation **MILLSLOT**
Size perforation **3/16 X 3**
From **140** feet to **160** 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 **100**
Placement Method: [ ] Pumped [X] Poured
Seal Type: [X] Neat Cement [ ] Cement Grout [ ] Concrete Grout

Gravel Packed: [X] Yes [ ] No
From **100** feet to **160** feet

9. **WATER LEVEL**
Static water level **92** feet below land surface
Artesian flow ___ G.P.M. ___ P.S.I.
Water temperature **C** °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 (By driller performing actual drilling on-site or contractor)
Date **10/02/2000**

USE ADDITIONAL SHEETS IF NECESSARY