

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

OFFICE USE ONLY  
 Log No. 81729  
 Permit No. \_\_\_\_\_  
 Basin \_\_\_\_\_

49  
**I**

NOTICE OF INTENT NO. 43395

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

1. OWNER **LAWRENCE SHARP**  
 MAILING ADDRESS **P.O. BOX 5404**  
**ELKO, NV 89802**

ADDRESS AT WELL LOCATION **630 HEREFORD DRIVE**

2. LOCATION **NE 1/4 NW 1/4 Sec. 10 T 35N N/S R 56E E ELKO** County  
 PERMIT NO. \_\_\_\_\_  
 Issued by Water Resources Parcel No. **035-032-003** MVR #3 Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_

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

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOPSOIL		0	2	2
BROWN CLAY		2	18	16
GRAVEL & SAND		18	25	7
BROWN CLAY		25	65	40
GRAVEL & SAND	80	65	100	35

8. WELL CONSTRUCTION  
 Depth Drilled 100 Feet Depth Cased 100 Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
10 5/8 Inches 0 Feet 100 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 5/8</u>	<u>13</u>	<u>.188</u>	<u>+1</u>	<u>100</u>

Perforations:  
 Type perforation **MILLSLOT**  
 Size perforation **3/16 X 3**

From <u>80</u>	feet to <u>100</u>	feet
From _____	feet to _____	feet
From _____	feet to _____	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 100 feet

9. WATER LEVEL  
 Static water level 20 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 Daniel Brown  
 By driller performing actual drilling on-site or contractor  
 Date **08/21/2000**

Date started **08/18/2000**, 19\_\_\_\_  
 Date completed **08/18/2000**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20</u>		<u>3</u>

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 STATE ENGINEERS OFFICE