

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 81744
 Permit No. _____
 Basin 140B

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. **43398**

1. OWNER **WALLACE BOUNDY**
 MAILING ADDRESS **P.O. BOX 242**
TONOPAH, NV 89049

ADDRESS AT WELL LOCATION **DAGO WAY** *Belmont NV*

2. LOCATION **SE** 1/4 **NE** 1/4 Sec. **26** T **9N** N/S R **45E** E **NYE** County
 PERMIT NO. **04-554-11** Parcel No. _____
BELMONT TOWNSITE Subdivision Name

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE Cable Air Rotary Other RVC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOPSOIL		0	2	2
QUARTZ		2	40	38
GRANITE	200	40	220	180

8. WELL CONSTRUCTION
 Depth Drilled **220** Feet Depth Cased **220** Feet
 HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From **0** Feet To **220** 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	220

Perforations:
 Type perforation **MILLSLOT**
 Size perforation **3/16 X 3**
 From **200** feet to **220** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal **50** Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **220** feet

9. WATER LEVEL
 Static water level **49** 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 *Dennis Dean*
 By driller performing actual drilling on-site or contractor
 Date **09/15/2000**

Date started **09/11/2000** .19
 Date completed **09/12/2000** .19

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
9		4	

RECEIVED
 CLOSED TO PUMP: 23
 TIME: 10:00 AM