

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

OFFICE USE ONLY  
 Log No. 837161  
 Permit No. \_\_\_\_\_  
 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. 44785

1. OWNER **COUNTY OF ELKO**  
 MAILING ADDRESS **569 COURT STREET**  
**ELKO, NV 89801**

ADDRESS AT WELL LOCATION **PILOT VALLEY, NV - NEAR WEST WENDOVER**

2. LOCATION **NE 1/4 NW 1/4 Sec. 11 T 37N** N/S R **69E E** **ELKO** County  
 PERMIT NO. **66300** **011-001-100** **CLOVER ACRES**  
Issued by Water Resources Parcel No. Subdivision Name

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

6. **LITHOLOGIC LOG**

Material	Water Strata	From	To	Thick-ness
TOPSOIL		0	2	2
SAND & GRAVEL		2	8	6
SILTSTONE	90	8	100	92
HARD CEMENTED GRAVEL	120	100	150	50
SILTSTONE & GRAVEL	200	150	300	150
	260			

8. **WELL CONSTRUCTION**

Depth Drilled **300** Feet Depth Cased **300** Feet

**HOLE DIAMETER (BIT SIZE)**

	From	To
<b>16</b> Inches	<b>0</b> Feet	<b>40</b> Feet
<b>12 1/4</b> Inches	<b>40</b> Feet	<b>300</b> Feet

**CASING SCHEDULE**

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>12.75</b>	<b>25.2</b>	<b>.250</b>	<b>0</b>	<b>40</b>
<b>8 5/8</b>	<b>15.5</b>	<b>.188</b>	<b>+1</b>	<b>300</b>

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

From	To
<b>160</b> feet to	<b>180</b> feet
<b>240</b> feet to	<b>300</b> 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 **300** feet

9. **WATER LEVEL**  
 Static water level **58** 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 *David A. ...*  
 By driller performing actual drilling on-site or contractor  
 Date **04/26/2001**

Date started **04/21/2001**, 19\_\_\_\_  
 Date completed **04/24/2001**, 19\_\_\_\_

7. **WELL TEST DATA**

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<b>200+</b>		<b>5</b>	

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 01 MAY 29 PM 1:06  
 STATE ENGINEERS OFFICE