

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

OFFICE USE ONLY
 Log No. 85024
 Permit No. _____
 Basin 49

NOTICE OF INTENT NO. 4544

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 **DON WASSERMAN**
 MAILING ADDRESS **P.O. BOX 8360**
SPRING CREEK, NV 89815

ADDRESS AT WELL LOCATION **ELKO SUMMIT ESTATES LOT 9D**

2. LOCATION **SW** 1/4 **SW** 1/4 Sec. **25** T **34N**
 PERMIT NO. _____
 Issued by Water Resources **006 09K 036**
 Parcel No.

N/S R **55E** E **ELKO** County
ELKO SUMMIT ESTATES
 Subdivision Name

3. WORK PERFORMED
 New Well
 Deepen
 Replace
 Abandon
 Recondition
 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
WHITE SANDSTONE		210	345	135
LOOSE BROKEN SANDSTONE	X	345	352	7
BROWN SHALE		352	370	18
FRACTURED GRAY SHALE	X	370	376	6
		376	440	64

8. WELL CONSTRUCTION

Depth Drilled **440** Feet Depth Cased **440** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
6 1/4 Inches	210 Feet	440 Feet
_____ Inches	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5 1/2		188	205	440

Perforations:
 Type perforation **TORCH CUT**
 Size perforation **1/4 X 3**

From	feet to	feet
340	440	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal: Yes No
 Depth of Seal _____
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started **8/9/2001** _____ 19
 Date completed **8/28/2001** _____ 19

9. WATER LEVEL
 Static water level **145** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality _____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
APPROX	18	220	72

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **SHAREL C. FERTIG SR., FERTIG DRILLING**
 Contractor
 Address **P.O. BOX 525**
 Contractor
ELKO, NEVADA 89803
 Nevada contractor's license number issued by the State Contractor's Board **0031904**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1584**
 Signed *Sharel Fertig*
 By driller performing actual drilling on-site or contractor
 Date **9/6/2001**