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

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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. 85212
Permit No.
Basin 44

NOTICE OF INTENT NO. 46560

1. OWNER **JEFF CORNER**
MAILING ADDRESS **P.O. BOX 2615**
ELKO, NV 89803

ADDRESS AT WELL LOCATION **SMITH CREEK**

2. LOCATION **NE** 1/4 **SW** 1/4 Sec. **29** T **30N** N/S R **57E** E **ELKO** County
PERMIT NO. Issued by Water Resources
084-001-040 Parcel No.
SMITH CREEK RANCH 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	3	3
BOULDERS		3	15	12
DECOMPOSED GRANITE	140	15	360	345
	330			

Date started **09/04/2001**, 19__
Date completed **09/07/2001**, 19__

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

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
10		6

8. **WELL CONSTRUCTION**
Depth Drilled **360** Feet Depth Cased **360** Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
10 5/8	Inches	0	Feet	360	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	360

Perforations:
Type perforation **MILLSLOT**
Size perforation **3/16 X 3**
From **180** feet to **200** feet
From **340** feet to **360** feet
From ___ feet to ___ feet
From ___ feet to ___ feet
From ___ feet to ___ feet

Surface Seal: [X] Yes [ ] No
Depth of Seal **100**
Placement Method: [X] Pumped [ ] Poured
Seal Type: [X] Neat Cement [ ] Cement Grout [ ] Concrete Grout

Gravel Packed: [X] Yes [ ] No
From **100** feet to **360** feet

9. **WATER LEVEL**
Static water level **45** 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 [signature] By driller performing actual drilling on-site or contractor
Date **09/13/2001**

USE ADDITIONAL SHEETS IF NECESSARY