

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

OFFICE USE ONLY  
 88045

Log No. \_\_\_\_\_  
 Permit No. \_\_\_\_\_  
 Basin 107

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. 50232

OWNER **Butch Carlson** ADDRESS AT WELL LOCATION **50 Grant View, Smith Valley, NV**  
 MAILING ADDRESS **195 Hudson Aurora Rd. Smith Valley, NV 89430**

2. LOCATION **W1/2 1/4 NE 1/4 Sec. 33 T 11 N/S R 24 E Lyon County**  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources Parcel No. **10-481-05** 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
Sandy Clay		0	50	
Sand		50	105	55
Clay		105	110	5
Sandy Clay		110	125	15
Sand & Gravel		125	135	10
Clay		135	145	10
Sand		145	170	25
Sand & Gravel		170	190	20
Sand & Clay		190	205	15
Clay		205	227	22
Sand & Gravel		227	295	68
Cobbles & Clay		295	300	5
Sand		300	330	30
Sand & Gravel w/Some Clay		330	370	40

8. WELL CONSTRUCTION  
 Depth Drilled **370** Feet Depth Cased **360** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 15 Inches To 0 Feet 370 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8		.188	+2	200

Perforations:  
 Type perforation **Mill Slot**  
 Size perforation **.90**  
 From **200** feet to **360** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **110'**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **110** feet to **360** feet

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 STATE ENGINEERS OFFICE

Date started **1/17/03**, 19\_\_\_\_  
 Date completed **1/18/03**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<b>100</b>	<b>6 Hrs.</b>
G.P.M.		

9. WATER LEVEL  
 Static water level **40** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **Cool** °F Quality **Good**

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **Humboldt Drilling & Pump Co., Inc.** Contractor  
 Address **4675 W. Winnemucca Blvd** Contractor  
**Winnemucca, Nevada 89445**  
 Nevada contractor's license number issued by the State Contractor's Board **015234**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1713**  
 Signed *[Signature]*  
 By driller performing actual drilling on-site or contractor  
 Date **1/28/03**