

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

OFFICE USE ONLY
 Log No. 91671
 Permit No. _____
 Basin 045

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. **49021**

1. OWNER **JESS & TANYA SCOTT**
 MAILING ADDRESS **639 MAPLE STREET**
ELKO, NV 89801

ADDRESS AT WELL LOCATION **WESTWIND LOOP**

2. LOCATION **SE 1/4 NE 1/4 Sec. 9 T 33N**
 PERMIT NO. _____
 Issued by Water Resources

N/S R **56E E** County **ELKO**
AREA WEST
 Subdivision Name

006-30C-030
 Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE
 Domestic Irrigation Test Cable X Rotary RVC
 Municipal/Industrial Monitor Stock X Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOPSOIL		0	2	2
SAND & GRAVEL		2	6	4
SILTSTONE & SMALL GRAVEL	100	6	140	134

8. WELL CONSTRUCTION

Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	Feet
10 5/8 Inches	0	140	Feet
Inches			Feet
Inches			Feet

SEALED WITH 22 BAGS OF 3/8 HOLE PLUG AND 3 BAGS OF CEMENT

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	140

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

From	feet to	feet
	120	140
From	feet to	feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **50** feet to **140** feet

9. WATER LEVEL
 Static water level **63** 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 *Dan*
 By driller performing actual drilling on-site of contractor
 Date **6/24/2003**

Date started **6/18/2003**, 19____
 Date completed **6/18/2003**, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	X Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
25		2	

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