

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

OFFICE USE ONLY  
 Log No. **98319**  
 Permit No.  
 Basin **445**



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. **55110**

1. OWNER **ROBERT WALLACE**  
 MAILING ADDRESS **927 HOLLOWBLUFF AVE**  
**NORTH LAS VEGAS, NV 89031-1440**

ADDRESS AT WELL LOCATION **700 SUSTACHA DRIVE,**  
**LAMOILLE**  
**700**

2. LOCATION **SE 1/4 NW 1/4 Sec. 32 T 33N**  
 PERMIT NO. **007-080-PAY (PAY)**  
 Issued by Water Resources

N/S R **58E** E **ELKO** County

**SPECIAL LANDS - SUSTACHA**  
 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    X Air    Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
BLACK TOPSOIL		0	10	10
DECOMPOSED GRANITE		10	85	75
BROWN CLAY		85	110	25
DECOMPOSED GRANITE		110	115	5
BROWN CLAY		115	130	15
GREY QUARTZ		130	155	25
GREY QUARTZ W/ FRACTURES	XXX	155	200	45

8. WELL CONSTRUCTION

Depth Drilled **200** Feet    Depth Cased **198** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<b>11</b>	0	<b>200</b>	Feet
			Feet
			Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6.625</b>	<b>13.</b>	<b>.188</b>	<b>+1</b>	<b>198</b>

Perforations:

Type perforation **MACHINED MILLSLOT**  
 Size perforation **3/16 X 3.6 ROW**

From	<b>158</b>	feet to	<b>198</b>	feet
From		feet to		feet
From		feet to		feet
From		feet to		feet
From		feet to		feet

Surface Seal:  Yes    No

Depth of Seal **50**

Placement Method:  Pumped  
 Poured

Seal Type:

Neat Cement  
 Cement Grout  
 Concrete Grout

Gravel Packed:  Yes    No

From **50** feet to **198** feet

9. WATER LEVEL

Static water level **53** feet below land surface

Artesian flow    G.P.M.    P.S.I.

Water temperature **COLD** °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 **1998**

Signed *Bradley A. Wiese*  
 By driller performing actual drilling on-site or contractor

Date **10/12/2005**

Date started **9/28/2005** 19\_\_  
 Date completed **9/30/2005** 19\_\_

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<b>30</b>		<b>8 HRS</b>	