

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

OFFICE USE ONLY
 Log No. 99483
 Permit No. _____
 Basin Ø45

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. **57278**

1. OWNER **BOB GARDER**
 MAILING ADDRESS **170 ROCKING CHAIR RD., UNIT 2**
SPRING CREEK, NV 89815

ADDRESS AT WELL LOCATION **248 LAZY T LANE**

2. LOCATION **NE 1/4 NW 1/4 Sec. 26 T 33N**
 PERMIT NO. **023-011-003**
Issued by Water Resources Parcel No.

N/S R **57E** E **ELKO** County
PLEASANT VALLEY ESTATES
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	Thick-ness
TOP SOIL		0	3	3
SAND & GRAVEL		3	50	47
GRAVEL W/TAN CLAY		50	135	85
GRAVEL W/SAND	XX	135	160	25

12 BAGS OF MED. 3/8" CHIP BENTONITE PLACED FROM 10' TO 50' AND NEAT CEMENT FROM 10' TO SURFACE.

8. WELL CONSTRUCTION

Depth Drilled **160** Feet Depth Cased **160** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
10-5/8 Inches	0 Feet	160 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	+2	160

Perforations:
 Type perforation **SLOTS**
 Size perforation **3/16X3.6 ROWS**
 From **140** feet to **160** feet
 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 **160** feet

9. WATER LEVEL

Static water level **104** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **3/24/2006** 19
 Date completed **3/26/2006** 19

7. WELL TEST DATA

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

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 **1166**

Signed *Rale C. Veden*
 By driller performing actual drilling on-site or contractor

Date **3/28/2006**