

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

OFFICE USE ONLY
 Log No. 99484
 Permit No. _____
 Basin 45

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. **57279**

1. OWNER **JAN ROCKWELL**
 MAILING ADDRESS **267 SPRING CREEK PARKWAY**
SPRING CREEK, NV 89815

ADDRESS AT WELL LOCATION **282 BAR NONE LANE**
 County **ELKO**
 N/S R **57E** E **ELKO**
 PERMIT NO. **023-014-001** Parcel No. **PLEASANT VALLEY ESTATES** Subdivision Name

2. LOCATION **SE** 1/4 **NW** 1/4 Sec. **26** T **33N**
 Issued by Water Resources _____

3. WORK PERFORMED
 New Well
 Replace
 Recondition
 Abandon
 Other
 Deepen

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 Air
 Other
 RVC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	3	3
SAND & GRAVEL		3	30	27
TAN CLAY		30	35	5
GRAVEL W/TAN CLAY		35	50	15
TAN CLAY & GRAVEL		50	80	30
GRAVEL		80	110	30
TAN CLAY & GRAVEL		110	140	30
GRAVEL		140	150	10
GRAVEL W/SOME TAN CLAY		150	170	20
GRAVEL	XX	170	200	30

PLACED 18 BAGS OF 3/8" MEDIUM BENTONITE FROM 50' TO 10' AND NEAT CEMENT FROM 10' TO SURFACE.

8. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

From	To	From	To
10-5/8	0	0	200

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	13	.188	+2	200

Perforations:
 Type perforation **SLOTS**
 Size perforation **3/16X3 6 ROW**
 From **180** feet to **200** 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 **200** feet

9. WATER LEVEL
 Static water level **118** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °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 **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 *Dale C. Nelson*
 By driller performing actual drilling on-site or contractor
 Date **3/30/2006**

Date started **3/28/2006** 19____
 Date completed **3/28/2006** 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	40		1