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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Permit No. _____
Basin 001
NOTICE OF INTENT NO. 45104

1. OWNER Bob Debraag ADDRESS AT WELL LOCATION _____
MAILING ADDRESS HC B Box 13738 Denio Summit Well
BURNS OREGON 97720 1000' EAST Mule Marker 61
2. LOCATION NE 1/4 SE 1/4 Sec 3 T 46 S R 30 E Humboldt County
PERMIT NO. 66967-T HA02-161-01 N/A Parcel No. _____
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
Topsoil		0	10	10
Sand + Clay		10	180	170
Clay		180	200	20
Sand + Boulders		200	220	20
Clay + sand		220	300	80
Solid ledge		300	490	190
Sand + Rock		490	600	110
Ledge		600	640	40
Sand + Boulder		640	790	150
Ledge		790	880	90
Sand + Gravel		880	950	70
Ledge		950	960	10
Sand		960	1080	100
Sand + Gravel	16PM	1080	1100	40
Ledge		1100	1190	90
Sand		1190	1220	40
Ledge		1220	1360	140
Sand + Ledge		1360	1400	40

8. WELL CONSTRUCTION
Depth Drilled 1400 Feet Depth Cased 0 Feet
HOLE DIAMETER (BIT SIZE)
From To
6 5/8 Inches 0 Feet 20' Feet
6 7/8" Inches 20 Feet 400' Feet
5 7/8 Inches 400 Feet 1400' Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
NONE
Perforations:
Type perforation NONE
Size perforation _____
From _____ feet to _____ feet
Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
Placement Method: Pumped
 Poured
Gravel Packed: Yes No
From _____ feet to _____ feet
9. WATER LEVEL
Static water level 650 feet below land surface
Artesian flow N/A G.P.M. N/A P.S.I.
Water temperature N/A °F Quality N/A

Date started May 2 2001
Date completed May 28 2001

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
<u>1 Gpm -</u>			
<u>INSTALLED PUMP + TESTED</u>			<u>3/4 TO 1 GPM</u>
			<u>6 hrs</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name FRED AU DERMAN Contractor
Address 10760 Grass Valley Road
Winn, NV 89445
Nevada contractor's license number issued by the State Contractor's Board 01246
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 2083/1375
Signed _____
By driller performing actual drilling on site or contractor
Date May 28 2001