



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

OFFICE USE ONLY

Log No. 102830

Permit No. _____

Basin 044

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. 59032

1. OWNER WILLIAM LEIPPRANET
MAILING ADDRESS 1206 WARNER, ROBINS, GA 31088

ADDRESS AT WELL LOCATION ELKO SUMMIT DRIVE

Subdivision Name: ELKO SUMMIT ESTATES I County: ELKO

2. LOCATION SW 1/4 NW 1/4 Sec 25 T 34N N/S R 55 E
PERMIT/WAIVER No. 006-09K-046 008-09R-096
Issued by Water Resources Parcel No. _____

Latitude UTM E 11T00606548 NAD 27
Longitude N 4517952 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
SILTSTONE		3	45	42
BLACK SHALE		45	100	55
BLACK SHALE & SOME GRAVEL MIX	120	100	155	55
<u>N 40.806758</u>				
<u>W 115.735912 NAD 27</u>				
<u>N 40.806758</u>				
<u>W 115.735912 NAD 27</u>				

9. WELL CONSTRUCTION				
Depth Drilled	155	Feet	Depth Cased	155
HOLE DIAMETER (BIT SIZE)				
	From		To	
<u>10-5/8</u>	Inches	0	Feet	155
	Inches		Feet	
	Inches		Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6-5/8</u>	<u>13</u>	<u>.188</u>	<u>+1</u>	<u>155</u>

Perforations:				
Type of perforation	MILL SLOT			
Size of perforation	3/16x3			
From <u>120</u>	feet to	<u>140</u>	feet	
From _____	feet to	_____	feet	
From _____	feet to	_____	feet	
From _____	feet to	_____	feet	
From _____	feet to	_____	feet	

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	5	to	50	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout		to		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout		to		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout		to		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 50 to 155 Pumped Poured

Type: PEA GRAVEL

Bentonite Chips: Yes No to _____ Pumped Poured

Type: _____

Date started: 7-Feb 20 07
Date completed: 8-Feb 20 07

7. Water Level
Static water level: 23 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: _____

8. 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	<u>9</u>		<u>5</u>

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 [Signature]
By driller performing actual drilling on site or contractor
Date 2/15/2007