

State 1
Cust 2

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

OFFICE USE ONLY

Log No. 104395
Permit No.
Basin #69

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. 59185

1. OWNER Dave Rowe + Boyce Cook ADDRESS AT WELL LOCATION UNR
MAILING ADDRESS 5900 Ford Lot Rd. Wmca NV 89445 Subdivision Name: BLM County: Humboldt
2. LOCATION NE 1/4 NE 1/4 Sec 1 T 38 N/R 39 E Latitude 41.207177 UTM E 455930 NAD 27
PERMIT/WAIVER No. 73392 | UNR Longitude 117.525644 N 4561677 NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	6	6
Rocky clay		6	20	14
Dry Gravel + Rock		20	80	60
Rocky clay		80	120	40
Brown clay + Rock		120	180	60
SAND + GRAVEL		180	243	60

9. WELL CONSTRUCTION
Depth Drilled 243 Feet Depth Cased 243 Feet
HOLE DIAMETER (BIT SIZE)
9 7/8 Inches From 0 Feet To 243 Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5 1/2</u>		<u>1.188</u>	<u>71</u>	<u>243</u>

Type of perforation Torch cut,
Size of perforation 3/16 x 5
From 183 feet to 243 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout 5 to 55 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 80% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 150 to 243 Pumped Poured
Type: _____
Bentonite Chips: Yes No 55 to 150 Pumped Poured
Type: _____

Date started: 9-29, 2007
Date completed: 10-06, 2007

7. Water Level
Static water level: 94 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 69.0 °F
Quality: Good

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>307</u>	<u>UNK</u>	<u>3 Hrs</u>

STATE ENGINEERS OFFICE
2007 OCT 18 AM 10:58
RECEIVED

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name L. B. J. Drilling Co. Contractor
Address P.O. Box 902 Contractor
Wmca NV 89446
Nevada contractor's license number 9605
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1807
Signed [Signature]
By driller performing actual drilling on site or contractor
Date _____