

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

OFFICE USE ONLY

Log No. 104666
 Permit No. _____
 Basin 0.71

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **59353**

1. OWNER **Jerry & Phyllis Mathis** ADDRESS AT WELL LOCATION **9900 Alice Lane Winnemucca, NV 89445**
 MAILING ADDRESS **9900 Alice Lane Winnemucca, NV** **Winnemucca, NV 89445**
 Subdivision Name: **ZBS Sub.** County: **Humboldt**

2. LOCATION SE 1/4 SW 1/4 Sec 30 TN 35 N S R 38 E Latitude **N40°52.394** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **10-542-16** Longitude **W117°44.935** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORK 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	Thickness
Clay		0	3	3
Cobles		3	45	42
Clay		45	50	5
Gravel & Clay		50	120	70
Cobles & Gravel		120	150	30
Clay		150	155	5
Gravel & Sand	X	155	167	12
Clay		167	170	3
Cobles & Sand		170	205	35
Clay		205	215	10
course sand & gravel	X	215	240	25
Clay		240	260	20

*N 40.573344
W 117.747944 NAD 27*

9. WELL CONSTRUCTION
 Depth Drilled **260** Feet Depth Cased **260** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **260** 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	10	188	+1	20
6.625	4.06	406 316	20	240 260

Perforations:
 Type of perforation **Factory Cut**
 Size of perforation **050**
 From **220** feet to **260** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 50 to 260 Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: 8-27 2007
 Date completed: 8-30 2007

7. Water Level
 Static water level: **158** feet below land surface
 Artesian Flow: n/a G.P.M. n/a P.S.I
 Water Temperature: cool °F
 Quality: **good**

8. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	15	7
G.P.M.		

2007 OCT 23 AM 10:35 RECEIVED

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Fred Anderson Drilling, Inc.**
(CONTRACTOR)
 Address **10760 S. Grass Valley Road**
(CONTRACTOR)
Winnemucca, NV 89445
 Nevada contractor's license number issued by the State Contractor's Board **021467**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2083**
 Signed *Fred Anderson Drilling Inc.*
 By driller performing actual drilling on site or contractor
 Date **09/28/07**