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

OFFICE USE ONLY
Log No. 110184
Permit No. 069
Basin

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. 62017

1. OWNER DAMOS JOHNSON
MAILING ADDRESS 5864 Joseph Rd.
PANAMA CITY FL 32404
2. LOCATION SW 1/4 NE 1/4 Sec 11 T 39 N R 38 E
PERMIT/WAIVER No. 1006-123-04

ADDRESS AT WELL LOCATION
PARADISE RANCHORS
Subdivision Name: _____ County: HUMBOLDT
Latitude 41.273825°N UTM E 244146 NAD 27
Longitude 117.666973°W N 4569159 NAD 83/WGS 84
NAD 27 TW

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	8	8
Clay		8	20	12
SANDY CLAY		20	40	20
HARD CLAY		40	60	20
SANDY CLAY		60	80	20
HARD CLAY		80	100	20
SOFT ROCKY CLAY		100	140	40
YELLOW CLAY		140	150	10
SAND & GRAVEL		150	184	34

9. WELL CONSTRUCTION
Depth Drilled 184 Feet Depth Cased 184 Feet
HOLE DIAMETER (BIT SIZE)
From 10 5/8 Inches To 0 Feet
Inches 0 Feet 184 Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>71</u>	<u>184</u>

Perforations:
Type of perforation Torch Cut
Size of perforation 3/16 x 3
From 140 feet to 184 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 5 to 60 Pumped Poured
 ≥80% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 120 to 184 Pumped Poured
Type: _____
Bentonite Chips: Yes No 60 to 120 Pumped Poured
Type: 3/4

Date started: 6-25 20 09
Date completed: 6-29 20 09

7. Water Level
Static water level: 104 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 60.0 °F
Quality: Good

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>Rotary</u>	<u>30-50</u>	<u>UNK</u>	<u>3 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 LBJ DRILLING & PUMP COMPANY, INC.
Address P.O. BOX 902 - Winnemucca, NV 89446
Nevada contractor's license number issued by the State Contractor's Board 0009605A
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1807
Signed Joe Boggio
By driller performing actual drilling on site for contractor
Date 7-31-09

(Rev. 06-08)

USE ADDITIONAL SHEETS IF NECESSARY