

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

OFFICE USE ONLY
Log No. 113793
Permit No. _____
Basin φ7φ
40641

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. _____
County: A Humboldt

1. OWNER Mrs. James Watterson
MAILING ADDRESS 3040 W. Thomas Canyon Rd Wmca NV 89445

ADDRESS AT WELL LOCATION 3040 W Thomas Canyon Rd
Subdivision Name: _____
Parcel No. _____

2. LOCATION NW 1/4 Sec 13 T 35 N R 37 E
PERMIT/WAIVER No. 1013-521-83
Issued by Water Resources

Latitude _____ UTM E NAD 27
Longitude _____ N 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	Thickness
TOP SOIL		0	20	20
Rocky Clay		20	40	20
Big Rock		40	50	10
Rocky Clay		50	80	30
Yellow Clay		80	92	12
SAND Gravel & Rock		92	140	48

9. WELL CONSTRUCTION
Depth Drilled 140 Feet
Depth Cased 140 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 140
Inches _____ Feet _____
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.75</u>		<u>1.182</u>	<u>±1</u>	<u>140</u>

Perforations:
Type of perforation Torch Cut
Size of perforation 3/16 x 6
From 120 feet to 140 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 110 to 140 Pumped Poured
Type: _____
Bentonite Chips: Yes No 60 to 110 Pumped Poured
Type: 3/8

Date started: 6-22 , 20 03
Date completed: 6-25 , 20 03

7. Water Level
Static water level: 97 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Good

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Rotary</u>	<u>307</u>	<u>VNF</u>	<u>2</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.
Contractor
Address P.O. BOX 902 - Winnemucca, NV 89446
Contractor
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 in contractor
Date _____

(Rev. 06-02)

USE ADDITIONAL SHEETS IF NECESSARY