

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

OFFICE USE ONLY
Log No. 114386
Permit No. _____
Basin φ49

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. 66197

1. OWNER Russ Minter ADDRESS AT WELL LOCATION 1830 Canyon Dr
MAILING ADDRESS 372 Mountain City Hwy #12 Elko, NV 89801
Elko, NV 89801 Subdivision Name: Crestview County: Elko

2. LOCATION NW ¼ NW ¼ Sec 7 T 34N N/S R 55 E Latitude W115°49.906 UTM E NAD 27
PERMIT/WAIVER No. 083-001-017 Longitude N40°51.148 N 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
 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	1	1
boulder & gravel		1	12	11
large gravel & silt stone		12	400	388
gray shale		400	580	180
hard rock	x	580	680	100

9. WELL CONSTRUCTION

Depth Drilled 680 Feet Depth Cased 670 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet <u>680</u> Feet
_____ Inches	_____ Feet _____ 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>+1</u>	<u>670</u>

Perforations:

Type of perforation _____ mill slot
Size of perforation _____ 3/16 x 3

From	feet to	_____ feet
<u>650</u>	<u>670</u>	_____ feet
_____	_____	_____ feet

Annular Seal: Yes No

Neat Cement 5 to 15 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 670 Pumped Poured
Type: _____ pea gravel

Bentonite Chips: Yes No 15 to 50 Pumped Poured
Type: _____ 3/8"

Date started: 27-Jun , 20 11
Date completed: 30-Jun , 20 2011

7. Water Level

Static water level: 388 foot 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>85</u>		<u>6</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Alternative Drilling
Contractor

Address P.O. Box 281166
Contractor

Lamoille, NV 89828

Nevada contractor's license number
issued by the State Contractor's Board 73955

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 7-5-2011

(Rev. 05-09)

USE ADDITIONAL SHEETS IF NECESSARY

40.852467°N NAD27
115.831767°W