

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

OFFICE USE ONLY
Log No. 115311
Permit No. _____
Basin 189D

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. 67981

1. OWNER Brandon Scheuerman ADDRESS AT WELL LOCATION 1.5 mi. S of Montello, NV
MAILING ADDRESS 11825 Elmridge Rd Gamble District
Sandy, UT 84094 Subdivision Name: Montello County: Elko
2. LOCATION SW 1/4 NE 1/4 Sec 29 T 39N N/S R 69 E Latitude N41°01'59.5" UTM E41°14.258 NAD 27
PERMIT/WAIVER No. 010-580-005 Longitude N114°56'20.5" N 114°11.180 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 Monitor Stock
 Municipal/Industrial Other
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Aluvial gravels		0	60	60
Silt stone/gravel		60	110	50
silt stone		110	140	30
silt stone & gravel mix		125	140	20
		145		

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9. WELL CONSTRUCTION

Depth Drilled 160 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>10 5/8</u> Inches	<u>0</u> Feet	<u>160</u> 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>160</u>

Perforations:

Type of perforation mill slot
Size of perforation 3/8x3
From 140 feet to 160 feet

Annular Seal: Yes No

Neat Cement 0 to 10 Pumped Poured
 Cement Grout to Pumped Poured
 Concrete Grout to Pumped Poured
 ≥30% Bentonite Grout to Pumped Poured

Gravel Pack: Yes No 50 to 160 Pumped Poured
Type: 3/8 pea gravel

Bentonite Chips: Yes No 10 to 50 Pumped Poured
Type: 3/8 chips

Date started: 6/5, 20 12
Date completed: 6/6, 20 12

7. Water Level
Static water level: 8.5 feet 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>50</u>		<u>5</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 Co LLC Contractor
Address P.O. Box 281166, Lamaille, NV 89828 Contractor
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 2465
Signed Bogam Rosenlund
By driller performing actual drilling on-site or contractor
Date 6-25-12