

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

OFFICE USE ONLY
Log No. 115520
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. 68517

1. OWNER City of Elko ADDRESS AT WELL LOCATION 1600 STP Rd
MAILING ADDRESS 1751 College Av Well B Elko, NV 89801
Elko, NV Subdivision Name: _____ County: EIKO

2. LOCATION SE 1/4 NW 1/4 Sec 21 T 34 N R 56 E Latitude 41.15° 47.15' UTM E 599880.71 NAD 27
PERMIT/WAIVER No. DEW-0951 Longitude 114.40° 49.17' N 28467561.44 NAD 83/WGS 84

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other _____

4. PROPOSED USE Domestic Constr./Dewater Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>light gravel/sands</u>		<u>0</u>	<u>45</u>	<u>45</u>
<u>Clay/sand</u>		<u>45</u>	<u>47</u>	<u>2</u>
<u>light gravel/sands</u>		<u>47</u>	<u>53</u>	<u>6</u>
		<u>40</u>		
		<u>45</u>		

9. WELL CONSTRUCTION

Depth Drilled 53 Feet Depth Cased 53 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
<u>22"</u>	<u>0</u>	<u>53</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10</u>		<u>Schedule 40</u>	<u>4</u>	<u>53</u>

Perforations:

Type of perforation millslot
Size of perforation 100

From 13 feet to 53 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 5 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 7 to 50 Pumped Poured
Type: 1/4 sand pack

Bentonite Chips: Yes No 5 to 7 Pumped Poured
Type: 3/8 chips

Date started: 7.29 20 12
Date completed: 7.31 20 12

7. Water Level
Static water level: 8 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"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>60</u>		<u>7</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
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 2465

Signed Bryan Roser
By driller performing actual drilling on-site or contractor

Date 8-13-12

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