

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

OFFICE USE ONLY
Log No. 116490
Permit No. _____
Basin 049

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. 67606

1. OWNER MARK LOVELAND ADDRESS AT WELL LOCATION INDIAN HILLS DRIVE
MAILING ADDRESS 2238 CLEARWATER COURT LOT 2, BLK 22, MVR#1, RYNDON
ELKO, NV 89801 Subdivision Name: Meadow Valley Rancho #1 County: ELKO

2. LOCATION NE 1/4 NW 1/4 Sec 1 T 35N N/S R 56 E Latitude UTM E 11T 0616595 NAD 27
PERMIT/WAIVER No. 030-022-002 Longitude N 4534568 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
TOPSOIL		1	4	4
SANDY LOAM		4	22	18
GRAVEL	X	22	44	22
CLAY		44	50	6
GRAVEL W/ CLAY STREAKS		50	100	50
SAND		100	120	20
GRAVEL	XXX	120	140	20

9. WELL CONSTRUCTION

Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
<u>10 3/4</u> Inches	<u>0</u> Feet	<u>140</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>6.625</u>	<u>13</u>	<u>.0188</u>	<u>+2</u>	<u>140</u>

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Perforations:

Type of perforation PLASMA CUT
Size of perforation 1/8" X 4" 6 ROWS

From 120 feet to 140 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 4 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 140 Pumped Poured
Type: 3/8" PEA GRAVEL

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

7. Water Level

Static water level: 21 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 60 °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>825 CFM @ 90 PSI</u>	<u>100</u>		<u>1</u>

10. DRILLER'S CERTIFICATION

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

Name HACKWORTH DRILLING, INC.
Contractor

Address P. O. BOX 850
Contractor

ELKO, NV 89803

Nevada contractor's license number issued by the State Contractor's Board 020582

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1408

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 1/20/2012

(Rev. 05-08)

40.955848°N NAD27
115.614621°W

USE ADDITIONAL SHEETS IF NECESSARY