

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

OFFICE USE ONLY
Log No. 117738
Permit No. _____
Basin 179

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. 68003

1. OWNER Rick & Pam Powers ADDRESS AT WELL LOCATION 2645 E. Indian Creek Cir.
MAILING ADDRESS 5809 Alta Dr. Elko, NV
Las Vegas, NV 89107 Subdivision Name: _____ County: White Pine

2. LOCATION NE 1/4 SW 1/4 Sec 29 T 210 S R 64 E Latitude N 39° 39' 22.8" UTM E 1150691494 NAD 27
PERMIT/WAIVER No. 008-580-15 Lot 5 Longitude W 114° 46' 04.4" N 4391997 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 Municipal/Industrial Stock
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Topsail		0	2	2
Gravel		2	20	18
Clay		20	25	5
10' Silt, 20' Sand, Gravel		25	60	35
Clay		60	80	20
40' Sand, 60' Gravel	X	80	140	60

9. WELL CONSTRUCTION

Depth Drilled	<u>140</u>	Feet	Depth Cased	<u>140</u>	Feet
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HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>9 7/8</u>	<u>+2</u>	<u>140</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>17.002</u>	<u>.250</u>	<u>+2</u>	<u>40</u>
<u>6.625</u>	<u>(SDR17) 5000</u>	<u>.390</u>	<u>40</u>	<u>140</u>

Perforations:

Type of perforation Mill
Size of perforation 1/8" x 2 1/2"

From <u>120</u>	feet to <u>140</u>	feet
From <u>80</u>	feet to <u>100</u>	feet

Annular Seal: Yes No

Neat Cement 0 to 50ft 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: Pea Gravel
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: April 27, 20 12
Date completed: April 27, 20 12

7. Water Level
Static water level: 62 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °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>40</u>	<u>X</u>	<u>1HR</u>

10. DRILLER'S CERTIFICATION

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

Name Gardner Brothers Drilling Contractor
 Address PO Box 965 Contractor
Enterprise, UT 84725
 Nevada contractor's license number _____
 issued by the State Contractor's Board 0068459
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2458

Signed [Signature]
By driller performing actual drilling on-site or contractor
 Date May 8, 2012

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