

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

OFFICE USE ONLY
Log No. 117747
Permit No. 81423
Basin No. 045

PRINT OR TYPE IN BLACK INK 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. 68323 ✓
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Sue Kennedy
MAILING ADDRESS P.O. Box 281267, Lamoille, NV 89828

DETAILED ADDRESS AT WELL LOCATION North of the town of Lamoille

2. PLS LOCATION SW 1/4 NW 1/4 19 Sec 33 T5 S 58 E
PERMIT/WAIVER NO. 81423 007-080-133
Issued by Water Resources Current Parcel No.

Subdivision Name: Lamoille County: Elko
Latitude W115°29.094 UTM E NAD 27
Longitude N40°29.094 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deeper: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
boulders/sands		40	0	100	100
		50			
gravel/sands		110	100	160	60
		130			
		140			

9. WELL CONSTRUCTION

Depth Drilled: 160 Feet Depth Cased: 160 Feet

HOLE DIAMETER (BIT SIZE)

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

PERFORATIONS:

Type of perforation: mill slot
Size of perforation: 3x3/16
From 140 Feet To 160 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

Sanitary Seal 0 to 100
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] 100 to 160 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 18-Aug , 20 12
Date completed: 21-Aug , 20 12

7. WATER QUALITIES
Static water level: 25 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold ° Fahrenheit
Water Quality: _____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name: Alternative Drilling Co LLC
Contractor
Address: P.O. Box 281166, Lamoille, NV 89828
Contractor

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>70</u>		<u>8</u>

Nevada contractor's license number as issued by the State Contractor's Board: 73955
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2465
Signed: Logan Rosenblu
By driller performing actual drilling on site or contractor
Date: 9-12-12

NAD83 40.781573°N, 115.48429°W

(Rev. 08-12)