

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

OFFICE USE ONLY
Log No. 114205
Permit No. _____
Basin No. 184

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. 67460

1. OWNER/CLIENT NAME Bob Service
MAILING ADDRESS P.O. Box 563
McGill, NV 89318

DETAILED ADDRESS AT WELL LOCATION
Lot #3
White Pine

2. PLS LOCATION NW ¼ SW ¼ 29 Sec 21N N/S 69 E
PERMIT/WAIVER NO. 008-580-07

Latitude W114°46.221 UTM F NAD 27
Longitude N39°39.426 UTM N NAD 83/WGS 84

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

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

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost	Water	From	To	Thickness
sand/gravel light			0	70	70
big gravel/sand		75	70	140	70
		90			
		100			
		120			
		130			

9. WELL CONSTRUCTION

Depth Drilled:	140	Feet	Depth Cased:	140	Feet
From		To			
10 5/8	Inches	0	Feet	140	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.188	+2	140

PERFORATIONS:

Type of perforation: mill slot
Size of perforation: 3/16x3
From 120 Feet To 140 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

Sanitary Seal 0 to 55 Pumped Poured
 Neat Cement 5 to 25 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 25 to 55 Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] 55 to 140 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

7. WATER QUALITIES
Date started: 27-Aug, 2013
27-Aug, 2013
Static water level: 65 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: warm ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>+100</u>		<u>4</u>

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
Nevada contractor's license number _____
as issued by the State Contractor's Board: 73955
Nevada well driller's license number as issued by the _____
2465
Signed: [Signature]
By driller performing actual drilling on site or contractor
9-11-13