

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

OFFICE USE ONLY
Log No. 119393
Permit No. _____
Basin 103

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. 69362

1. OWNER Greg Goodwill
MAILING ADDRESS 176 Martin

ADDRESS AT WELL LOCATION 176 Martin

2. LOCATION SW 1/4 NE 1/4 Sec 30 T 17 N S R 27 E
PERMIT/WAIVER No. 003294-14
Parcel No. _____

Subdivision Name: _____ County Storey
Latitude 39.31250 UTM E NAD 27
Longitude 119.55130 N NAD 83/WGS 84

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	Thickness
<u>MULT. Colored Gravel</u>		<u>170</u>	<u>193</u>	<u>23</u>
<u>Brown sand</u>		<u>193</u>	<u>201</u>	<u>8</u>
<u>Sand & clay</u>		<u>201</u>	<u>215</u>	<u>14</u>
<u>Hard clay</u>		<u>215</u>	<u>233</u>	<u>18</u>
<u>Wet clay & large sand</u>		<u>233</u>	<u>240</u>	<u>7</u>
<u>Large & small Gravel</u>		<u>240</u>	<u>258</u>	<u>18</u>
<u>Assorted size & color Gravel</u>		<u>258</u>	<u>320</u>	<u>62</u>

9. WELL CONSTRUCTION

Depth Drilled 320 Feet Depth Cased 320 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>7 7/8</u>	<u>170</u>	<u>320</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/FT (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>		<u>.188</u>	<u>160</u>	<u>320</u>

Perforations:

Type of perforation Factory
Size of perforation 5/32

From	to	feet to	feet
<u>280</u>		<u>320</u>	

Annular Seal: Yes No

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

Gravel Pack: Yes No to _____ Pumped Poured
Type: _____

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

Date started: 1-16 .20 13
Date completed: 1-17 .20 13

7. Water Level
Static water level: 152 feet below land surface
Artesian Flow: N/A G.P.M. 25+ 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 checked="" type="checkbox"/> Air Lift			
<u>270 FT</u>	<u>25+</u>		<u>2.5</u>
<u>deepen unknown well log</u>			
<u>N4027</u>			
<u>39.31250°N</u>			
<u>119.55130°W</u>			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name BLAIN DRILLING & PUMP CO INC.
Address P.O. Box 123
Carson City, NV 89702
Contractor

Nevada contractor's license number _____
issued by the State Contractor's Board 46498A
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2321

Signed C. Robinson
By driller performing actual drilling on site or contractor
Date _____