

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

OFFICE USE ONLY
Log No. 119672
Permit No. _____
Basin 081

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. 70607

1. OWNER Robert Pittrell ADDRESS AT WELL LOCATION 9250 ALICE LANE
MAILING ADDRESS WMCA NV 89445 Subdivision Name: ZBS County: Humboldt

2. LOCATION NE 1/4 NW 1/4 Sec 30 T 35 N/R 38 E Latitude 43.693 NAD 27
PERMIT/WAIVER No. 10-532-08 Longitude N 45.25927 NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Municipal/Industrial
 Irrigation Monitor Test Stock

5. WELL TYPE
 Rotary RVC
 Cable Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	5	5
CLAY ROCK GRAVEL		5	40	35
ROCKY CLAY		40	80	40
BIG ROCK + CLAY		80	160	80
ROCKY CLAY		160	180	20
BIG ROCK CLAY		180	280	100
SOFT ROCKY CLAY		280	340	60

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2013 DEC 16 AM 11:50
STATE ENGINEERS OFFICE

replaced unknown well log

NAD 83
40.8439056 N
117.147844 W
10-22
11-5

9. WELL CONSTRUCTION
Depth Drilled 240 Feet Depth Cased 240 Feet

HOLE DIAMETER (BIT SIZE)
10 5/8 inches From 0 Feet To 240 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13</u>	<u>.188</u>	<u>0</u>	<u>240</u>

Perforations:
Type of perforation Torch cut
Size of perforation 3/16 x 5

From 120 feet to 240 feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout 6 to 30 Pumped Poured

Concrete Grout to _____ Pumped Poured

80% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 150 to 240 Pumped Poured

Type: 3/8

Bentonite Chips: Yes No 30 to 150 Pumped Poured

Type: 3/8

7. Water Level
Static water level: 211 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °F
Quality: Good

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>Rotary</u>	<u>75</u>	<u>UNK</u>	<u>3 1/2</u>

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

Name LBJ DRILLING & PUMP COMPANY, INC. Contractor

Address P.O. BOX 902 - Winnemucca, NV 89446 Contractor

Nevada contractor's license number issued by the State Contractor's Board 0009605A

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1807

Signed Joe Boggio By driller performing actual drilling on site or contractor Joe Boggio

Date _____

USE ADDITIONAL SHEETS IF NECESSARY