

5 Mailed to Bill 10/17-12 State 1 Cust 1

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

OFFICE USE ONLY
Log No. 119738
Permit No.
Basin 024

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

69417
NOTICE OF INTENT NO. Allen Rd.

1. OWNER Bill Kohlmeier
MAILING ADDRESS 510 W 3rd ST SP 722
Battle MTN NV 89820
2. LOCATION N 1/4 NE 1/4 Sec 14 T 32 N 44 E
Parcel No. LOT 1 1010-270-04

ADDRESS AT WELL LOCATION Battle MTN
Subdivision Name: _____
County: LANDER
Latitude _____ UTM E501211 NAD 27
Longitude _____ N4500142 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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
TOP SOIL		0	10	10
SAND & GRAVEL		10	20	10
TAN CLAY		20	70	50
Blue CLAY		70	90	20
SOFT TAN CLAY & GRAVEL		90	120	30

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NAD 27
40 654038 N
116 985676 W

Date started: 9-24 20 12
Date completed: 9-27 20 12

9. WELL CONSTRUCTION
Depth Drilled 120 Feet
Depth Cased 120 Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 120 Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>1.188</u>	<u>+1</u>	<u>120</u>

Perforations: SAWED (PVC)
Type of perforation SAWED (PVC)
Size of perforation 3/4 x 3
From 90 feet to 120 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 5 to 60 Pumped Poured
 Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 80 to 120 Pumped Poured
Type: 3/8
Bentonite Chips: Yes No 60 to 80 Pumped Poured
Type: 3/8

7. Water Level
Static water level: 20 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 60 & 6 °F
Quality: Good

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>Rotary</u>	<u>75+</u>	<u>UNK</u>	<u>3 Hrs.</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.
Address P.O. BOX 902 - Winnemucca, NV 89446
Nevada contractor's license number 0009605A
Nevada contractor's license number issued by the Division of Water Resources 1807
Signed Joe Boggio
Date 10-16-2012

ASHCRAFT
MAP # 183519

USE ADDITIONAL SHEETS IF NECESSARY