

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

OFFICE USE ONLY
Log No. 118835
Permit No. _____
Basin 209

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. 33756

1. OWNER Betsy Lou Whipple ADDRESS AT WELL LOCATION 1713 River Ranch Rd
MAILING ADDRESS 1713 River Ranch Rd Hiko, NV 89017
Hiko, NV 89017 Subdivision Name: _____ County: Lincoln

2. LOCATION NW 1/4 SW 1/4 Sec 7 T 6 NR 61 E Latitude 37.44166330 UTM E NAD 27
PERMIT/WAIVER No. 011-160-19 Longitude 115.18853580 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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	Thick-ness
Sand, gravel		0	30	30
Sand, Boulders		30	60	30
Clay, Sand, Gravel		60	70	10
Sand, Gravel		70	80	10
Clay, Sand		80	200	20
Clay, Sand, Gravel		200	250	50
10% Clay, Sand, Gravel, Boulders		250	320	70

9. WELL CONSTRUCTION

Depth Drilled 320 Feet Depth Cased 320 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>14</u> Inches	<u>0</u> Feet	<u>320</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>8.625</u>		<u>.200</u>	<u>+2</u>	<u>100</u>
<u>8.625</u>		<u>PVC</u>	<u>100</u>	<u>320</u>

Perforations:

Type of perforation Mill
Size of perforation 1/8 x 2 1/2

From	To	Feet	Feet
<u>220</u>	<u>320</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annular Seal: Yes No

Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 100 to 320 Pumped Poured
Type: 3/8" Gravel (14 1/2 yards)

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

Date started: Oct. 1, 20 13
Date completed: Oct. 10, 20 13

7. Water Level

Static water level: 102 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>80</u>		<u>4 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 Gardner Brothers Drilling Contractor
Address PO Box 965 Contractor
Enterprise UT 84725

Nevada contractor's license number _____
issued by the State Contractor's Board 0068459
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2468

Signed Jerry Wash By driller performing actual drilling on-site or contractor
Date 10-16-13

USE ADDITIONAL SHEETS IF NECESSARY

37.4417025
- 115.1879837

NAD 27