

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

OFFICE USE ONLY
Log No. 119 229
Permit No. _____
Basin 059

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

1. OWNER Keith Mc. Kindy ADDRESS AT WELL LOCATION 3170 John Tyler AVE
MAILING ADDRESS 916 W. 200S BATTLE MTN 89820
BLACK FOOT RD 83221 Subdivision Name: _____ County: LANDON
2. LOCATION NW 1/4 SW 1/4 Sec 6 T 31 N/S R 76 E Latitude UTM E 513687 NAD 27
PERMIT/WAIVER No. 011-370-34 Longitude N 4492874 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 Stock Municipal/Industrial Monitor
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil		0	5	
SAND + GRAVEL		5	20	
TAN clay + white		20	40	
LAY CLAY		40	60	
TAN CLAY + white		60	80	
TAN CLAY		80	85	
SAND + GRAVEL		85	100	

9. WELL CONSTRUCTION
Depth Drilled 100 Feet Depth Cased 100 Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 100 Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
1 5/8 138 71 100

Perforations:
Type of perforation SAWED
Size of perforation 3/16 x 4
From 20 feet to 100 feet
Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 5 to 30 Pumped Poured
Gravel Pack: Yes No 75 to 100 Pumped Poured
Type: 3/8
Bentonite Chips: Yes No 30 to 75 Pumped Poured
Type: 3/8

Date started: 12-2, 20 13
Date completed: 12-4, 20 13

7. Water Level
Static water level: 25 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"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
<u>Rotary</u>	<u>707</u>	<u>UNK</u>	<u>2 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. 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
Date _____

NAD 27 40.588449°N
116.838262°W

USE ADDITIONAL SHEETS IF NECESSARY