

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

OFFICE USE ONLY
Log No. 119230
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

NOTICE OF INTENT NO. 70609

1. OWNER NATASHA MASHBURN ADDRESS AT WELL LOCATION 1585 WILLIAM HARRISON AVE BATTLE MTN.
MAILING ADDRESS 1811 PRESIDENTIAL AVE BATTLE MTN 89820 Subdivision Name: _____ County: HANDEN
2. LOCATION SW 1/4 NW 1/4 Sec 4 T 31 N/S R 45 E Latitude UTM E 507262 NAD 27
PERMIT/WAIVER No. 011-230-06 Longitude N 4493197 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 Stock Air Other
5. WELL TYPE
 Cable Rotary RVC
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	5	
ROCKY CLAY		5	20	
SAND & GRAVEL		20	40	
ROCKY CLAY & SAND		40	60	
SOFT ROCKY CLAY		60	80	

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9. WELL CONSTRUCTION
Depth Drilled 80 Feet Depth Cased 80 Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 80 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)
1 5/8 133 1 80

Perforations:
Type of perforation SAND
Size of perforation 3/16 x 5
From 60 feet to 80 feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 5 to 2.5 Pumped Poured
 ~~Other Grout~~ to _____ Pumped Poured
Gravel Pack: Yes No 57 to 80 Pumped Poured
Type: 3/8
Bentonite Chips: Yes No 2.5 to 57 Pumped Poured
Type: 3/8

Date started: 11-20-13
Date completed: 11-22-13

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

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Rotary</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>60+</u>	<u>12K</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 of contractor
Date _____

NAD 27 40.591440°N
116.914182°W

USE ADDITIONAL SHEETS IF NECESSARY