

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

OFFICE USE ONLY
Log No. 119731
Permit No. _____
Basin 139B

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. 67915

1. OWNER Ben Braton ADDRESS AT WELL LOCATION 1 mile East of Mt. Meader
MAILING ADDRESS 4512 Dry Creek Road # 77 Hwy 376 Smokey Valley
Napa California 94558 Subdivision Name: _____ County: NYF
2. LOCATION SE 1/4 NE 1/4 Sec 2 T14 N R 43 E Latitude N 39° 06' 32.3" UTM E NAD 27
PERMIT/WAIVER No. D 010-451-02 Longitude W 117° 06' 57.9" N NAD 83/WGS 84

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	Thickness
TOP Soil		0	10	10
gravel-sand	X	10	60	50
Hard Clay		60	75	15
gravel-sand-clay	X	75	140	65
Hard Clay		140	146	6

9. WELL CONSTRUCTION
Depth Drilled 146 Feet Depth Cased 146 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 146 Feet
Inches 0 Feet 146 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.75</u>	<u>Steel</u>	<u>.1875</u>	<u>0</u>	<u>146</u>

Perforations:
Type of perforation factory
Size of perforation 1/8" x 3"
From 106 feet to 146 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 146 Pumped Poured
Type: 1/2" minus
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 12-2-2012 :20
Date completed: 12-3-2012 :20

7. Water Level
Static water level: Flowing feet below land surface
Artesian Flow: 15 G.P.M. 0 P.S.I.
Water Temperature: 60 °F
Quality: Fair

8. WELL TEST DATA

TEST METHOD: <input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Hand 27</u>	<u>78</u>	<u>15</u>	<u>1</u>
<u>39,105454W</u>			
<u>117,169729W</u>			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Davis Drilling and Pumps
Address HK 61 Box 59 Hiko NV
89017
Nevada contractor's license number _____
issued by the State Contractor's Board 0028966
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1191
Signed Mike Daw
By driller performing actual drilling on-site or contractor
Date 12-4-2012

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2013 JAN 10 AM 11:37
STATE ENGINEERS OFFICE