

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

OFFICE USE ONLY
Log No. 120123
Permit No. _____
Basin No. 043

PRINT OR TYPE IN BLACK INK 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. 71623
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME ED MINNIEAR
MAILING ADDRESS 693 CEDER ST
ELKO, NV 89801

DETAILED ADDRESS AT WELL LOCATION 229 LAZY T LANE

Subdivision Name: PLEASANT VALLEY ESTATES County: ELKO

2. PLS LOCATION NE 1/4 NW 1/4 26 Sec 33N N/S 57 E
PERMIT/WAIVER NO. 023-010-007
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 11T 0624974 NAD 27
Longitude _____ UTM N 4508492 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG				
Material Encountered	Lost Circ.	Water Strata	From	To
TOP SOIL			0	2
COBBLES & GRAVEL			2	10
SAND & GRAVEL			10	100
SAND			100	110
SAND & GRAVEL			110	140
SAND			140	150
SAND & GRAVEL			150	170
SAND, GRAVEL & CLAY			170	180
SAND & FINE GRAVEL		XXX	180	200

9. INSTRUCTION
Depth Drilled: 200 Feet Depth Cased: 196 Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
10 5/8 Inches 0 Feet 200 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+2	196

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement 0 to 25 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 25 to 55 Pumped Poured
 Gravel Pack [> 0.2 in.] 55 to 120 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 24-Apr, 20 14
Date completed: 24-Apr, 20 14

7. WATER QUALITIES
Static water level: 116 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 50 ° Fahrenheit
Water Quality: GOOD

PERFORATIONS:
Type of perforation: PLASMA CUT
Size of perforation: 3/16" X 4" 7 ROWS
From 176 Feet To 196 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name HACKWORTH DRILLING INC. Contractor
Address P.O. BOX 850, ELKO, NV 89803 Contractor

8. WELL TEST DATA			
Test Method:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
AT 195'	75		1 HOUR
AT 180'	75		1 HOUR
AT 160'	25		1/4 HOUR
AT 130'	15		1/4 HOUR

Nevada contractor's license number as issued by the State Contractor's Board: 020582
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site drilled): 1408
Signed: [Signature]
Date: 4/25/2014