

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

OFFICE USE ONLY
Log No. 125879
Permit No. _____
Basin No. 044

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. 74882
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME CASEY CARPENTER
MAILING ADDRESS 435 RYNDON, UNIT 9
ELKO, NV 89801

DETAILED ADDRESS AT WELL LOCATION
5406 MAPLE STREET, RYNDON
Subdivision Name: RUBY VIEW RANCHOS 6 County: ELKO

2. PLS LOCATION SW 1/4 SE 1/4 29 Sec 37N N/S 57E E
PERMIT/WAIVER NO. 072-006-020
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 620265 NAD 27
Longitude _____ UTM N 4546020 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	1
CLAY, SAND & GRAVEL			1	19
CLAY VOLCANIC TUFF			19	170
TAN & BLACK SHALE			170	230
GRAVEL & SAND w/ some CLAY		XX	230	300
FIRST WATER		240		
SECOND WATER		270		

9. INSTRUCTION
Depth Drilled: 300 Feet Depth Cased: 300 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>10 5/8</u> Inches	<u>0</u> Feet	<u>300</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>6.625</u>	<u>13</u>	<u>.188</u>	<u>+1.5</u>	<u>300</u>

ANNULAR MATERIALS
Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>5</u> to <u>25</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Bentonite Chips	<u>25</u> to <u>55</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in]	<u>55</u> to <u>300</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started 2-Sep _____ 20 16
Date completed 6-Sep _____ 20 16

PERFORATIONS:
Type of perforation PLASMA CUT
Size of perforation: 3/16" X 4", 7 ROWS

From <u>240</u>	Feet	To <u>280</u>	Feet
From _____	Feet	To _____	Feet
From _____	Foot	To _____	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet

7. WATER QUALITIES
Static water level: 182 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 62 ° Fahrenheit
Water Quality: GOOD

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
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 driller): 1408
Signed: Roger J. Ackworth
By driller performing actual drilling on site or contractor
Date: 9/7/2016

8. WELL TEST DATA

Test Method	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)
300'	<u>34</u>	<u>NAD 27</u>	<u>2 HOURS</u>
280'	<u>33</u>	<u>41.058447</u>	<u>2 HOURS</u>
260'	<u>27</u>	<u>115.568796</u>	<u>1 HOUR</u>
240'	<u>23</u>		<u>1 1/2 HOUR</u>
230'	<u>16</u>	<u>220' - 7 GPM</u>	<u>1 1/2 HOUR</u>

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