

OFFICE USE ONLY
 Log No. 73155
 Permit No. 29
 Basin
 NOTICE OF INTENT NO. 31840

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER City of Elko ADDRESS AT WELL LOCATION approx 3 1/2 miles SW of Elko
 MAILING ADDRESS 1755 College Ave
Elko NV 89901
 2. LOCATION NE 1/4 NE 1/4 Sec 6 T 33 NS R 55 E County
 PERMIT NO. Not required Issued by Water Resources Parcel No. Subdivision Name MW-1 well 1, D

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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	Thick-ness
silt, sandy, dry tan		0	8	8
gravel, silty, dry		8	12	4
sandy, silty dry tan		12	18	6
gravel, sandy, silty		18	23	5
sand, silty, dry		23	28	5
gravel, sandy, silty		28	33	5
silt, fine sandy		33	38	5
gravel, sandy, silty		38	42	4
sandy - silty		42	48	4
sand, gravelly		48	52	4
silty sand, sandy silt		52	79	27
clayey sand	X	79	83	4
silty sand	yes	83	100	17

8. WELL CONSTRUCTION
 Depth Drilled 100 Feet Depth Cased 780 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 1/4 Inches To 100 Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>	<u>102</u>	<u>40</u>	<u>PVC</u>	<u>0</u> <u>100</u>

Perforations:
 Type perforation plotted screen
 Size perforation 0.20
 From 8.0 feet to 100 feet
 From feet to feet
 From feet to feet
 From feet to feet
 From feet to feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 70 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 75 feet to 100 feet

9. WATER LEVEL
 Static water level 70 feet below land surface
 Artesian flow G.P.M. P.S.I.
 Water temperature cool °F Quality fair

Date started 10/27 1998
 Date completed 10/27 1998

7. 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)	Time (Hours)	
<u>1.6</u>	<u>5</u>	<u>4</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Gustin Corporation Contractor
 Address P.O. Box 894 Contractor
ELKO NV 89803
 Nevada contractor's license number issued by the State Contractor's Board 22195
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1821
 Signed Scott S. Gustin
 By driller performing actual drilling on site or contractor
 Date 11/19/98