

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 92471
 Permit No. _____
 Basin 44

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

NOTICE OF INTENT NO. **54372**

1. OWNER **STEVE S. WERNER**
 MAILING ADDRESS **165-6 RYNDON ELKO, NV 89801**

ADDRESS AT WELL LOCATION **SE CORNER OF INDIAN HILLS & HARRISON**
 N/S R **57E** E **ELKO** County

2. LOCATION **NW 1/4 NW 1/4 Sec. 5 T 35N**
 PERMIT NO. _____
 Issued by Water Resources | Parcel No. **026-004-004**

TWIN RIVER RANCHOS #4
 Subdivision Name

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	Thickness
TOPSOIL		0	3	3
SAND & GRAVEL		3	12	9
GREEN SILTSTONE		12	70	58
BROWN SILTSTONE		70	100	30
BROWN SILTSTONE & GRAVEL	140	100	180	80
	160			

8. WELL CONSTRUCTION
 Depth Drilled **180** Feet Depth Cased **180** Feet
 HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From **0** Feet To **180** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE
 Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)

RECEIVED
 OFFICE OF WATER RESOURCES
 JAMES H. HARRIS, CLERK

Perforations:
 Type perforation **MILLSLOT**
 Size perforation **3/16 X 3**
 From **160** feet to **180** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **180** feet

Date started **1/29/2004** _____ 19____
 Date completed **1/29/2004** _____ 19____

9. WATER LEVEL
 Static water level **64** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **C** °F Quality _____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
100+		1	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **HACKWORTH DRILLING, INC** Contractor
 Address **P.O. BOX 850** Contractor
ELKO, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board **020582**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1689**
 Signed *[Signature]*
 by driller performing actual drilling on site or contractor
 Date **1/29/2004**