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**WELL DRILLER'S REPORT**

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

Log No. \_\_\_\_\_  
 Permit No. \_\_\_\_\_  
 Basin **108**

NOTICE OF INTENT NO. **59896**

1. OWNER **ED Snyder & Snyder** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS **PO Box 550, Yerington, NV 89447** **1 McKenzie Lane**  
**Yerington, NV 89447**  
 2. LOCATION **NE 1/4 NE 1/4 Sec. 23 T. 12 N. S. R. 25 E. Lyon** County \_\_\_\_\_  
 PERMIT NO. **12-351-16** Issued by Water Resources Parcel No. \_\_\_\_\_ 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 **hand**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SAND		0	5	
GRAVEL		5	60	
BROWN CLAY		60	90	
CLAY & SAND		90	115	
SAND		115	140	
CLAY & SAND		140	210	
SAND & GRAVEL		210	250	

GPS: N38° 53.743  
 W119° 08.700 WGS 84

N38.895810  
 W119.144021 NAD83

8. WELL CONSTRUCTION  
 Depth Drilled **250** Feet Depth Cased **250** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 11 Inches To 60 Feet  
 8 7/8 Inches 60 Feet 250 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 7/8		188	+2	20
6 7/8		SPR 21	20	250

Perforations:  
 Type perforation **SIC 11 SWP**  
 Size perforation \_\_\_\_\_  
 From **250** feet to **200** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Depth of Seal **50**  
 Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From **250** feet to **50** feet

9. WATER LEVEL  
 Static water level **56'** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **100** °F Quality \_\_\_\_\_

Date started **9-4**, 20**07**  
 Date completed **9-6**, 20**07**

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<b>25</b>		<b>2</b>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **Leach Drilling Inc.** Contractor  
 Address **PO Box 599** Contractor  
**Silver Springs, NV 89429** Contractor  
 Nevada contractor's license number issued by the State Contractor's Board **31841**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2275**  
 Signed **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **9-6-07**