

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

OFFICE USE ONLY
Log No. 120131
Permit No. 21921
Basin 103

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.310

1. OWNER HENRY MOREDA ADDRESS AT WELL LOCATION FARELL LANE LYON
MAILING ADDRESS 140 FARELL LANE YERINGTON Subdivision Name: _____ County: _____
NOTICE OF INTENT NO. 32993

2. LOCATION SE 1/4 Sec 6 T 14 N/S/R 25 E Latitude N 39° 05' 9.43" UTM E NAD 27
PERMIT/WAIVER No. 21921 Parcel No. 014-181-01 Longitude W 119° 13' 17.1" N NAD 83/WGS 84

3. WORKED PERFORMED New Well Replace Recondition Deepen Other ABANDON
4. PROPOSED USE Domestic Irrigation Test Stock Municipal/Industrial Monitor Cable Rotary RVC Other Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
cleaned out 16" casing to bottom,				
perforated casing with 6 rows of perf. to 120'				
The reason this well was replaced is the casing was rusting out allowing gravel pack into well.				

9. WELL CONSTRUCTION
Depth Drilled 540' Feet Depth Cased _____ Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type of perforation ART HOLE AIR PERFORATOR
Size of perforation 1 1/2 x 1/4"
From _____ feet to _____ feet
From 0 feet to 120' feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 50' Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Grout 50' to 540' Pumped Poured
Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: May 9, 20 14
Date completed: May 10, 20 14

7. Water Level
Static water level: 58' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>2 1/2" 100' PERFORATED</u>	<u>39.049 (32' @)</u>	<u>plugs log 50'</u>	
<u>2 1/2" 100' PERFORATED</u>	<u>119.24 @ 25'</u>	<u>had 27</u>	

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name: Beach Drilling Inc Contractor
Address: PO Box 599 Contractor
Silver Springs NV. 89429
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 1740
Signed: Stephen B. Beach
By driller performing actual drilling on-site or contractor
Date: May 12/2014