

OFFICE USE ONLY  
 Log No. 24683  
 Permit No. 76  
 Basin 76

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 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. 16598

1. OWNER JACK HUBER ADDRESS AT WELL LOCATION RT 1 BOX 360 A  
 MAILING ADDRESS RT 1 BOX 360 A FERNLEY, NV 89408  
FERNLEY, NV 89408  
 2. LOCATION S 1/4 NE 1/4 Sec. 21 T. 20 N. 25 E LYON County  
 PERMIT NO. NA Issued by Water Resources 21-341-05 Parcel No. NA 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	Thick-ness
SAND & GRAVEL		0	5	5
CLAY & COBBLES		5	30	25
DRY GRAVEL		30	53	23
CLAY & COBBLES		53	57	4'
SAND & GRAVEL		57	68	11
CLAY & GRAVEL		68	83	15
SAND & GRAVEL		83	91	8
CLAY & GRAVEL		91	96	5
SAND & GRAVEL	X	96	116	10

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8. WELL CONSTRUCTION  
 Depth Drilled 116 Feet Depth Cased 116 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> Inches <u>0</u> Feet	<u>50</u> Feet
<u>6 1/8</u> Inches <u>50</u> Feet	<u>116</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.9</u>	<u>.188</u>	<u>9</u>	<u>116</u>

Perforations:  
 Type perforation MACHINE SLOT  
 Size perforation 3/32 X 3  
 From 109 feet to 114 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 \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 58 feet below land surface  
 Artesian flow NA G.P.M. NA P.S.I.  
 Water temperature 63 °F Quality NA

Date started 6-3-91, 19\_\_\_\_  
 Date completed 6-3-91, 19\_\_\_\_

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			
<u>AIR BLOWN @ 25 GPM</u>			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name WELSCO CORP. Contractor  
 Address P. O. BOX 888 Contractor  
FALLON, NV 89406  
 Nevada contractor's license number issued by the State Contractor's Board 11752  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 6-7-91

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