

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

OFFICE USE ONLY
Log No. 41816
Permit No. 1021
Basin. 1021

NOTICE OF INTENT NO. 19139

1. OWNER Bill Betts ADDRESS AT WELL LOCATION 2090 Deer
MAILING ADDRESS 7994 Spring Field Silver Springs NV 89429
2. LOCATION NW 1/4 NW 1/4 Sec 29 T. 17 S. R. 25 E. Lyon County
PERMIT NO. 17-451-15 Parcel No. RIVERCIDE Sub #1 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
blow sand	NO	0	2	2
sand	NO	2	7	5
sand + clay	NW	7	15	8
sand	NO	15	57	42
sand + fine gravel	yes	57	100	43
light brown clay + gravel	NO	100	110	10
sand + fine gravel	yes	110	150	40

8. WELL CONSTRUCTION
Depth Drilled 150 Feet Depth Cased 150 Feet

HOLE DIAMETER (BIT SIZE)
From 10 Inches 0 Feet 50 Feet
To 6 Inches 50 Feet 150 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>188</u>	<u>0</u>	<u>150</u>

Perforations:
Type perforation factory Slotted
Size perforation 3/32
From 130 feet to 150 feet

Surface Seal: Yes No Seal Type:
Depth of Seal 50 ft. 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 NO G.P.M. P.S.I.
Water temperature 60.0 °F Quality good

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name W. Miller Contractor
Address P.O. 92
SMITH, NV 89430 Contractor
Nevada contractor's license number issued by the State Contractor's Board 32166
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1806
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 5/8/93

Date started 5/3 1993
Date completed 5/8 1993

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20+</u>	<u>12</u>	<u>1hr</u>

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STATE ENGINEERS OFFICE