

OFFICE USE ONLY
 Log No. 42052
 Permit No. _____
 Basin 8-104

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. 10020

1. OWNER Ron Harvey ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 298 Ruby Lane _____
Carson City, Nevada 89706 _____
 2. LOCATION NW 1/4 NW 1/4 Sec 5 T 15 N/S R 20 E Carson County
 PERMIT NO. N/A Parcel No. 8-093-20 Subdivision Name N/A
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 mech

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Dirt and		0	10	10
Decomposed granite		10	15	5
Dec Granite and some gravel		15	30	15
Clay and some Dec Granite		30	63	33
Dec Granite and some gravel		63	103	40
Dec Granite with some fine gravel		103	115	12
Dec Granite with gravel		115	135	20

8. WELL CONSTRUCTION
 Depth Drilled 135 Feet Depth Cased 135 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
1 1/4 Inches 0 Feet 53 Feet
6 3/4 Inches 53 Feet 135 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.00</u>	<u>3/16</u>	<u>11</u>	<u>135</u>

Perforations:
 Type perforation Air Perf
 Size perforation _____
 From 5 feet to 135 feet
 From _____ feet to 135 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 0-5
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 135 feet

9. WATER LEVEL
 Static water level 55 feet below land surface
 Artesian flow N/A G.P.M. N/A P.S.I.
 Water temperature 60 °F Quality Good

Date started _____, 19____
 Date completed 7/13, 1993

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 type="checkbox"/> Air Lift			
<u>Developed for 4 hours and produced about 30 Gallons a min</u>			

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
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1877
 Signed [Signature]
 By driller performing actual drilling on site of contractor
 Date 7/13/93