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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

NOTICE OF INTENT NO. **25476**

1. OWNER **Ken & Bonnie Creach** ADDRESS AT WELL LOCATION **4071 Center St Carson City NV. 89701**  
 MAILING ADDRESS **4071 Center St. Carson City NV. 89701**  
 2. LOCATION **NE 1/4 SW 1/4 Sec. 29 T 15 N R. 20 E Carson** County  
 PERMIT NO. **9-142-7** 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 \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Blow Sand		0	3	3
Hard Pack Clay		3	27	24
Brown Sandy Clay		37	81	44
Brown DG Sands w/ small clay seams		81	129	48
Course DG Sands XXX		129	160	31

8. WELL CONSTRUCTION  
 Depth Drilled **160** Feet Depth Cased **160** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **1 1/4** Inches To **0** Feet **160** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>13.03</b>	<b>1.98</b>	<b>0</b>	<b>160</b>

Perforations:  
 Type perforation **Mill Slot**  
 Size perforation **3 X 3 X 3/4**  
 From **120** feet to **160** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **55**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **55** feet to **160** feet

9. WATER LEVEL  
 Static water level **45** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **20** P.S.I.  
 Water temperature **Cold** °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 \_\_\_\_\_ Contractor  
 Address \_\_\_\_\_ Contractor

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<b>20</b>	<b>75</b>	<b>3 HRS</b>	

Nevada contractor's license number issued by the State Contractor's Board **31839**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1905**  
 Signed **Michael L Hoek**  
 By driller performing actual drilling on site or contractor  
 Date **6-24-94**