WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

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. 46303
Permit No.
Basin 8-102

NOTICE OF INTENT NO. 25870

1. OWNER Dennis Kunz
MAILING ADDRESS 4785 Park St
Silver Springs NV, 89429
ADDRESS AT WELL LOCATION 4785 Park St
S. S. NV

2. LOCATION SW ¼ SW ¼ Sec. 28 T. 18 N/S R. 24 E. Lyon County
PERMIT NO. (Issued by Water Resources) 18-341.89 (Parcel No.) Government (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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand & Dirt		0	12'	12
Gravel, Sand & Boulders		12	120'	
Tan Clay		120'	132'	
Cemented Gravels		132	163'	
Brown Clay		163	270	
Brown Clay and Gravel		270	290	
Gravel & Course Sand		290	293	
Cemented Gravel And Clay Layers	✓	293	340	

Date started 8/22, 1994
Date completed 8/29/, 1994

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☒ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
10	340'	4 hr

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

HOLE DIAMETER (BIT SIZE)

Inches	From (Feet)	To (Feet)
10 5/8	0	340

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.00	188	+1	340

Perforations:
Type perforation Torch Cut
Size perforation 3/16 x 6" = 6 Rows
From 300' feet to 340 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☒ Yes ☐ No
Depth of Seal 100'
Placement Method: ☐ Pumped ☒ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☒ Yes ☐ No
From 100' feet to 340 feet

9. WATER LEVEL
Static water level 230' feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature Cold °F Quality Clear

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 003841
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1740
Signed [signature] (By driller performing actual drilling on site or contractor)
Date 9/12/94

SEP 15 P 3:53 '94 STATE ENGINEER

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627