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. 46495
Permit No.
Basin 076

NOTICE OF INTENT NO. 24682

1. OWNER Alan & Debbie Bosomworth
MAILING ADDRESS P.O. Box 1644 Fernley NV. 89408
ADDRESS AT WELL LOCATION 4550 Farm District Rd. Fernley, NV 89408

2. LOCATION NE ¼ SE ¼ Sec. 24 T 20 N/S R 25 E Lyon County
PERMIT NO. — Issued by Water Resources | 21-371-04 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
Brown clay		0	3	3
fine to corse sand + clay		3	60	57
Brown clay		60	65	5
fine to corse sand + some brown clay		65	80	15
fine to corse sand + yellow clay		80	90	10
corse sand with small streaks	X	90	126	36
hard yellow clay		126	127	1

Date started 8/11, 1994
Date completed 8/12, 1994

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

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
32	16	2

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

HOLE DIAMETER (BIT SIZE)

Inches	From (Feet)	To (Feet)
12 1/4	0	127

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8		.188	+1	127

Perforations:
Type perforation Mill
Size perforation 18 x 3
From 107 feet to 127 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 127 feet

9. WATER LEVEL
Static water level 86 feet below land surface
Artesian flow ____ G.P.M. ____ 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 ACE Drilling + Dev. (Contractor)
Address P.O. Box 608 (Contractor)
Silver Springs, NV 89429
Nevada contractor's license number issued by the State Contractor's Board 14299
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 726
Signed [signature] (By driller performing actual drilling on site or contractor)
Date 8/12/94

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