

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. **27784**

1. OWNER **John Leveck** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS **1607 Heron Cove CRT** **1607 Heron Cove CRT**  
**Minden NV 89423** **Minden NV**  
 2. LOCATION **SW 1/4 SW 1/4 Sec. 26 T. 13 N/S R. 20 E Douglas** County  
 PERMIT NO. **23-295-52** Subdivision Name **None**  
 Issued by Water Resources Parcel No. \_\_\_\_\_

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
SAND & CLAY		0	15	
CLAY SAND GRAVEL		15	30	
SAND & GRAVEL		30	45	
SAND GRAVEL & CLAY	X	45	90	
CLAY SAND & GRAVEL		90	145	
GRAVEL & ROCK		145	175	
CLAY SAND & GRAVEL	Y	175	220	

8. WELL CONSTRUCTION  
 Depth Drilled **220** Feet Depth Cased **220** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **9 7/8** Inches To **0** Feet **220** 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>12.5/65</b>	<b>.188</b>	<b>0</b>	<b>220</b>

Perforations:  
 Type perforation **Factory Peef**  
 Size perforation **3" x 5/32"**  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From **220** feet to **200** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **100**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **220** feet to **100** feet

9. WATER LEVEL  
 Static water level **75** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **9-13**, 19 **94**  
 Date completed **9-15**, 19 **94**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<b>AIR</b>	<b>60+</b>	<b>-</b>	<b>2 1/2 hrs</b>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **Kauchuck Drilling Inc** Contractor  
 Address **PO Box 1539 Minden NV 89423** Contractor  
 Nevada contractor's license number issued by the State Contractor's Board **#021268**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **#1495**  
 Signed **Michael Allen**  
 By driller performing actual drilling on site or contractor  
 Date **9-15-94**