

Log No. **47249**
Permit No. _____
Basin **103**

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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. **27678**

1. OWNER **Terry Weatherman** ADDRESS AT WELL LOCATION **9800 Gayles Circle Stagecoach, NV 89429**
MAILING ADDRESS **8785 W. Hwy 50 Stagecoach, NV 89429**
2. LOCATION **NE 1/4 SW 1/4 Sec 3 T 17 N/S R 23 E Lyon** County
PERMIT NO. **15-761-21** 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	Thick-ness
surface soil } brown		0	10	10
fine to coarse } brown sand } some clay		10	25	15
fine to coarse } Black sand		25	75	50
coarse Black sand	X	75	160	85

194 DEC -8 AM 1:15
STATE ENGINEERS UNIT

8. WELL CONSTRUCTION
Depth Drilled **160** Feet Depth Cased **160** Feet
HOLE DIAMETER (BIT SIZE)
From **10 5/8** Inches To **8** Inches
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)
6 5/8		.188	+1	160

Perforations:
Type perforation **M: 11**
Size perforation **1 5/8 X 3**
From **120** feet to **160** feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal **50** Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From **50** feet to **160** feet

9. WATER LEVEL
Static water level **80** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature **cold** °F Quality **good**

Date started **11-14** 19**94**
Date completed **11-15** 19**94**

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	18	20	2 hr.

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 668** Contractor
Silver Springs, NV 89429
Nevada contractor's license number **14299** issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **726**
Signed **H. L. Saylor**
By driller performing actual drilling on site or contractor
Date **11-15-94**