

(Joseph Margnet Hill)

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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. **47257**
Permit No. _____
Basin **102**

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. **26029**

1. OWNER **Nathaniel Leach Sr.** ADDRESS AT WELL LOCATION
MAILING ADDRESS **PO 599** **3550 HOPE AVENUE**
SS NV 89409 **Silver Springs, Nevada 89429**
2. LOCATION **SE 1/4 SW 1/4 Sec. 5 T. 17 N/S R. 25 E. Lyon** County
PERMIT NO. **17-115-06** Parcel No. **Lakeview** 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 **Mod**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	10	10
Clay		10	35	15
Sand, Clay		35	65	30
Clay		65	111	46
Coarse Gravel		111	153	42
Clay		153	160	8
Coarse Gravel		160	179	19

95 FEB 23 AM 12:20
STATE ENGINEERING

8. **179** WELL CONSTRUCTION
Depth Drilled **139** Feet Depth Cased **180** Feet
HOLE DIAMETER (BIT SIZE)
From **10 5/8** Inches **1** Feet **179** Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10 5/8	13	1.88	+1	179

Perforations:
Type perforation **Trench Cast**
Size perforation **3/16 x 1/8 x 4 rows**
From **119** feet to **139** feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal **50** Neat Cement
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No **179'**
From **50** feet to **139** feet

9. WATER LEVEL
Static water level **35** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature **C** °F Quality **Good**

Date started **1/30/95**, 19____
Date completed **2/1/95**, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	100+		4 hrs

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **Green Drilling Inc** Contractor
Address **PO 599** Contractor
SS NV 89409
Nevada contractor's license number issued by the State Contractor's Board **0031841**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1876**
Signed **Daniel Leach**
By driller performing actual drilling on site or contractor
Date **2/10/95**