

OFFICE USE ONLY  
 Log No. 47510  
 Permit No. \_\_\_\_\_  
 Basin 073

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. 20166

1. OWNER F.I.B. FAC. ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 1150 CORNELL AVE. LOVELOCK, NEV. SAME  
 2. LOCATION B 1/4 C 1/4 Sec. 26 T. 27 R. 31 E. PERKINS County  
 PERMIT NO. MVO 847 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 Auger

6. LITHOLOGIC LOG M.W. 3<sup>rd</sup>

Material	Water Strata	From	To	Thickness
<u>SILTY CLAY</u>		<u>0</u>	<u>4'6"</u>	
<u>SILTY CLAY - SANDS</u>		<u>4'6"</u>	<u>12'</u>	
<u>MEDIUM SANDS</u>		<u>12'</u>	<u>14'6"</u>	
<u>SILTY CLAY - GRAVELS</u>		<u>12'4"</u>	<u>14'6"</u>	
<u>MEDIUM COARSE SANDS</u>		<u>17'6"</u>	<u>30'</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 30' Feet Depth Cased 30' Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10" To 30'  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>	<u>PVC</u>	<u>5/16 40</u>	<u>0</u>	<u>30'</u>

Perforations:  
 Type perforation FAC. 070  
 Size perforation \_\_\_\_\_  
 From 15 feet to 30 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 10' ~~30~~  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 30' feet to 10' feet

9. WATER LEVEL  
 Static water level 17'4" feet below land surface  
 Artesian flow N/A G.P.M. N/A P.S.I.  
 Water temperature N/A °F Quality N/A

Date started 10-4 19 94  
 Date completed 10-9 19 94

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
	<u>N/A</u>		

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name ANDERSON Drilling Contractor  
 Address 1635 BELFORD RD. RENO NEV. 89509 Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 34525  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1028  
 Signed \_\_\_\_\_  
 Date 10-20-94  
 By driller performing actual drilling on site or contractor