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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. 35615

1. OWNER Gene Saccone ADDRESS AT WELL LOCATION 8920 Tahoe Stageroad, NV.  
MAILING ADDRESS \_\_\_\_\_  
2. LOCATION Nw 1/4 SW 1/4 Sec. 11 T. 17 N/S R. 23° E Lyon County  
PERMIT NO. N/A 19-383-31 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 Rad

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand</u>		<u>0</u>	<u>3</u>	
<u>Clay</u>		<u>3</u>	<u>36</u>	
<u>Sand Fine</u>		<u>30</u>	<u>62</u>	
<u>Gravel</u>		<u>62</u>	<u>123</u>	
<u>Sand Gravel</u>		<u>123</u>	<u>160</u>	

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.00</u>	<u>3/16</u>	<u>+1</u>	<u>160</u>

Perforations:  
Type perforation 1 1/4 x 6 long screws  
Size perforation 1 inch cut  
From 150 feet to 160 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
Depth of Seal 0-50  
 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 52 feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 6-27 1997  
Date completed 6-27 1997

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	<u>Produced 30</u>		

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision and the report is true to the best of my knowledge.  
Name Leah Ordinate Inc Contractor  
Address PO Box 599 Silver Springs NV 89429 Contractor  
Nevada contractor's license number 0031841 issued by the State Contractor's Board  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1872  
Signed [Signature]  
By driller performing actual drilling on site or contractor  
Date 6-27-97

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07 JUL 30 AM 11:13  
STATE ENGINEERING OFFICE