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

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 78397
Permit No.
Basin 76

NOTICE OF INTENT NO. 41664

1. OWNER Sid Crawford
MAILING ADDRESS 300 Family Court
ADDRESS AT WELL LOCATION 300 Family Court

2. LOCATION NE ¼ SE ¼ Sec. 15 T 20 N/S R 24 E Lyon County
PERMIT NO. Issued by Water Resources
Permit Expiration Date
Permit No. 81-5-14
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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clay		0	18	
Gravel		18	36	
Tan Clay		36	77	
Crazy Clay		77	118	
Black Volcanic Soft		118	236	
Black Vol Hard		236	257	
Soft Black Vol		257	295	
Dry Hole				

Date started June 7, 19 99
Date completed June 8, 19 99

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Dry Hole		

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
6 5/8 Inches	0 Feet	140 Feet
6 Inches	140 Feet	295 Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.00	3/16		
Put in 140 Feet then pulled out				

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☑ Yes ☐ No
Depth of Seal 0 — 295
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Leach Drilling Inc Contractor
Address P.O. Box 599 Contractor
Silver Springs NV 89429
Nevada contractor's license number issued by the State Contractor's Board 0054891
Nevada driller's license number issued by the Division of Water Resources, the on-site driller
Signed ____ By driller performing actual drilling on site or contractor
Date 7-26-99

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627

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