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. 87252
Permit No. 65468
Basin 101

NOTICE OF INTENT NO. 47900

1. OWNER Don Renner
MAILING ADDRESS P.O. Box 42
Wellington Nev. 89444
ADDRESS AT WELL LOCATION 295 Hudson
Aurora Smith Valley

2. LOCATION NE ¼ NE ¼ Sec 4 T 10 N/S R 24 E Lyon County
PERMIT NO. 65468 Issued by Water Resources
Parcel No. 10-601-10
Subdivision Name none

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	Thickness
Sandy loam top soil		0	26	26
Sandy clay		26	90	64
hard clay strata		90	110	20
Sorrell gravel + sand	yes	110	130	20
Sandy clay		130	195	65
Sand		195	220	25
Sand + gravel		220	257	37

Date started 6-25-02, ~~19~~
Date completed 7-10-02, 19

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

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
45+	5	3 hrs

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

HOLE DIAMETER (BIT SIZE)

		From	To
10 Inches	0 Feet	50 Feet	
6 Inches	50 Feet	257 Feet	
Inches	Feet	Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		188	0	257

Perforations:
Type perforation Hacksaw saw slott
Size perforation 3/32 x 3
From 130 feet to 257 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☑ Yes ☐ No
Depth of Seal 50 ft
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 130 feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature Cold °F Quality good

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Edmund Miller Drilling Contractor
Address P.O. Box 92 Smith Contractor
Nev. 89430
Nevada contractor's license number issued by the State Contractor's Board 32166 A
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 718
Signed Edmund Miller By driller performing actual drilling on site or contractor
Date Aug 14 - 02

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