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. 90717
Permit No.
Basin 102

NOTICE OF INTENT NO. 48689

1. OWNER Leach Drilling, Inc
MAILING ADDRESS P.O. Box 599
Silver Springs, nv

ADDRESS AT WELL LOCATION
7430 Citrus Street
Silver Springs, nv

2. LOCATION SE 1/4 NW 1/4 Sec. 13 T 17 N/S R 24 E Lyon County
PERMIT NO. _____ Issued by Water Resources
17-234-14 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Bailed OWell		0	416	416
Set 4" PVC Liner				
Cert-A-Lock				

RECEIVED 03 JUL 15 AM 11:03 STATE ENGINEERS OFFICE

Date started 6/16/03, 19__
Date completed 6/16/03, 19__

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

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
2.6		3 Hours

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

HOLE DIAMETER (BIT SIZE)

	From	To
_____ 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)
4.5	2.06	.237	16	400

Perforations:
Type perforation Saw Cut
Size perforation 3/16"
From 406 feet to 416 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal _____
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 245 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 Parsons Drilling, Inc. (Contractor)
Address P.O. Box 1265 (Contractor)
Fallon, NV 89407-1265

Nevada contractor's license number issued by the State Contractor's Board 29064

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1454

Signed Norman Parsons
By driller performing actual drilling on-site or contractor

Date 7/14/03