

Log No. 91830

Permit No.

Basin 103

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. 42241

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **Lyon County Utilities**
 MAILING ADDRESS **P.O. Box 1699**
Dayton, NV 89403

ADDRESS AT WELL LOCATION **Across the street from**
350 Linehan Road in Moundhouse, NV.

2. LOCATION **SE 1/4 SW 1/4 Sec. 24 T 16N**
 PERMIT NO. **27199** Issued by Water Resources
 Parcel No. **n/a**

N/S R **20E** E **Lyon** County
 Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Recondition
 Deepen
 Abandon
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Removed 183' of 1-1/4" drop pipe and pump. Measured static water level at 80'. Measured depth of well at 194'. Installed bailer and bailed well to 199'. Installed Mills Knife and perforated 6 rows per foot from 50' back to surface. There was no indication of cement seal. Removed perforator and installed 190' of 2" tremmie pipe and pumped in 6 yards of neat cement. Well volume should have required 4 yards. (original log attached)				
MH # 18 Plugging of log 170 3/4				
RECEIVED 03 AUG 21 AM 10:49 STATE ENGINEERS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled **200'** Feet Depth Cased **200'** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10"		.188	+1	199'

Perforations:

Type perforation **factory slot and mills knife**
 Size perforation

From	feet to	feet
surface	200'	feet
		feet

Surface Seal: Yes No

Seal Type:

Depth of Seal **200'**

Neat Cement

Placement Method: Pumped

Cement Grout

Poured

Concrete Grout

Gravel Packed: Yes No

From _____ feet to _____ feet

9. WATER LEVEL

Static water level **80'** 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 **Carson Pump** Contractor

Address **P.O. Box 20159** Contractor

Carson City, NV. 89721

Nevada contractor's license number issued by the State Contractor's Board **39920**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1482**

Signed *Daw Brown*
 By driller performing actual drilling on-site or contractor

Date **08/06/2003**

7. WELL TEST DATA

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