

Log No. 92790  
 Permit No. \_\_\_\_\_  
 Basin 102

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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. 57640

1. OWNER David W. Wainwright ADDRESS AT WELL LOCATION 4th Street Silver Springs, Nev.  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NE 1/4 SE 1/4 Sec. 9 T. 17 N/S R. 25 E Wyon county  
 PERMIT NO. 17-174-04 Parcel No. \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_ Subdivision Name Lakeside #2

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 mid

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Gravel</u>		<u>0</u>	<u>16</u>	
<u>Coarse Clay</u>		<u>16</u>	<u>85</u>	
<u>Thin Clay</u>		<u>85</u>	<u>98</u>	
<u>Gravel</u>		<u>98</u>	<u>120</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 120 Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)  
 From 10 5/8 Inches To 120 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ 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>71</u>
<u>6 5/8</u>	<u>3.00</u>	<u>SOR 20</u>	<u>71</u>	<u>120</u>

Perforations:  
 Type perforation Silt Saw  
 Size perforation \_\_\_\_\_  
 From 100 feet to 120 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 120 feet

9. WATER LEVEL  
 Static water level 46 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 1-25  
 Date completed 1-26

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>30.6 gpm</u>	<u>1.5</u>	<u>30.6 pm</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Leach Pulling Inc Contractor  
 Address P.O. Box 577 Silver Springs, NV 89429 Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 0031841  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1877  
 Signed Matthew Leach  
 By driller performing actual drilling on site or contractor  
 Date 1-26-09

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 FEB 9 AM 11:05  
 STATE ENGINEERS OFFICE