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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. 57991  
 ADDRESS AT WELL LOCATION 175 Sunset Hills  
Yerington, NV.

1. OWNER Kleinschmidt ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ \_\_\_\_\_  
 2. LOCATION NE 1/4 SW 1/4 Sec 29 T. 14 N/S R. 25 E Lyon County  
 PERMIT NO. 014-271-77 Issued by Water Resources 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	Thick-ness
<u>sand</u>		<u>0</u>	<u>8</u>	
<u>sand gravel</u>		<u>8</u>	<u>86</u>	
<u>crackling</u>		<u>86</u>	<u>156</u>	
<u>bed rock</u>		<u>156</u>	<u>160</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 160 Feet Depth Cased 160 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 0 To 160  
105/8 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)
<u>6.578</u>	<u>13.00</u>	<u>3/16</u>	<u>+1</u>	<u>20</u>
<u>6.578</u>	<u>3.000</u>	<u>5/8 21</u>	<u>20</u>	<u>160</u>

Perforations:  
 Type perforation scall saw  
 Size perforation \_\_\_\_\_  
 From 160 feet to 160 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 160 feet

9. WATER LEVEL  
 Static water level 95 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 6-4, 2004  
 Date completed 6-6, 2004

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>Produced about</u>	<u>35</u>	<u>6pm</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 On Line Inc  
 Address P.O. Box 399  
Green Springs NV 89429  
 Nevada contractor's license number issued by the State Contractor's Board 00310941  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1877  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 6-6-04

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 STATE ENGINEERS OFFICE

