

Log No. 90190  
Permit No. 103  
Basin 103

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

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. 32307

1. OWNER Glen Schaefer ADDRESS AT WELL LOCATION Silver Springs, NV  
2650 Revere  
MAILING ADDRESS \_\_\_\_\_

2. LOCATION NW 1/4 NE 1/4 Sec. 8 T. 17 N/S R. 25 E Lyon County  
PERMIT NO. 17-161-03 Issued by Water Resources Parcel No. \_\_\_\_\_ 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	Thickness
<u>Clay + sand</u>		<u>0</u>	<u>20</u>	
<u>Clay + cobbles</u>		<u>20</u>	<u>35</u>	
<u>Bed Rock</u>	<u>10</u>	<u>35</u>	<u>200</u>	

RECEIVED  
05 APR - 8 AM 10 11 76  
STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION  
Depth Drilled 200 Feet Depth Cased 200 Feet  
HOLE DIAMETER (BIT SIZE)  
From 105/8 Inches 0 Feet 50 Feet  
83/4 Inches 50 Feet 200 Feet

8. CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>13</u>	<u>1/8</u>	<u>1</u>	<u>70</u>
<u>4 inch</u>		<u>5/16</u>	<u>63</u>	<u>200</u>

Perforations:  
Type perforation S&W L&J  
Size perforation 5/16  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From 160 feet to 200 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
Depth of Seal 70 Ft  
Placement Method:  Pumped  Poured  
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 c.w.d. °F Quality c.k.e.v

Date started 3-17-05, 20 \_\_\_\_\_  
Date completed 3-25-05, 20 \_\_\_\_\_

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>20+</u>	<u>160</u>	<u>1 Hr</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 Drilling Contractor  
Address BX 599 Silver Springs, NV 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 1878  
Signed \_\_\_\_\_ By driller performing actual drilling on site or contractor  
Date 3-25-05