

Log No. 97060  
 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. 55784

1. OWNER Carlson, Alise ADDRESS AT WELL LOCATION 735 Lincoln St Silver Springs NV 89429  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NE NW 1/4 Sec 1 T 17 N/S R 24 E Lyon County  
 PERMIT NO. 017-032-14 Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_

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
<u>Sand + clay</u>		<u>0</u>	<u>40</u>	
<u>sand + gravel</u>		<u>40</u>	<u>70</u>	
<u>Clay</u>		<u>70</u>	<u>100</u>	
<u>Big coarse gravel</u>		<u>100</u>	<u>170</u>	
<u>Clay + gravel</u>		<u>170</u>	<u>240</u>	

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8. WELL CONSTRUCTION  
 Depth Drilled 240 Feet Depth Cased 240 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
10 7/8 Inches 0 Feet 240 Feet  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>13</u>	<u>188</u>	<u>71</u>	<u>20</u>
<u>6 7/8</u>		<u>SDR 21</u>	<u>20</u>	<u>240</u>

Perforations:  
 Type perforation 30 w. cut  
 Size perforation 5/16  
 From 160 feet to 170 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 180 feet to 200 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 220 feet to 240 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 240 feet

9. WATER LEVEL  
 Static water level 80 feet below land surface  
 Artesian flow N.A. G.P.M. N.A. P.S.I.  
 Water temperature COLD °F Quality fair

Date started 6-6-05, 20 \_\_\_\_\_  
 Date completed 6-8-05, 20 \_\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>204</u>	<u>160</u>	<u>4 HRS</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  
 Address BX 599 Silver Springs NV 89429  
 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 [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 6-8-05