

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 125544
Permit No. _____
Basin 102

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Delangie, Claudine
MAILING ADDRESS 9555 Via Camino
Silver Springs, NV

ADDRESS AT WELL LOCATION 9555 Via Camino
NOTICE OF INTENT NO. 71970

2. LOCATION NW 1/4 SE 1/4 Sec 25 T17 R24 E
PERMIT/WAIVER No. 1017-544-02
Issued by Water Resources Parcel No. _____

Subdivision Name: _____
Latitude N 39° 18.939 UTM E NAD 27
Longitude W 119° 14.193 N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other Well plugging

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>Well plugging</u>				
<u>cleaved to 106 with barbers</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)			
From	To	Feet	Feet
Inches	Inches	Feet	Feet
Inches	Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 1/2</u>		<u>1.55</u>		<u>106</u>

Perforations:
Type of perforation ART HOLE AIR PERFORATOR
Size of perforation 3/16 x 2"
From 0 feet to 50' feet
From 6 ROWS feet to 3/16 x 2" feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 20' Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 20 to 106 Pumped Poured
Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: JULY 12, 20 16
Date completed: JULY 15, 20 16

7. Water Level
Static water level: _____ feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Time (Hours)			
	<u>NAD 27</u>		
	<u>39.309066</u>		
	<u>119.235558</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 Fire Contractor
Address PO BOX 599 Silver Springs NV Contractor
89474
0031841
Nevada contractor's license number _____
issued by the State Contractor's Board 1748
Nevada driller's license number issued by the Division of Water Resources, the on-site driller Dan Leach
Signed Michael Leach
By driller performing actual drilling on site or contractor
Date 7/19/16

USE ADDITIONAL SHEETS IF NECESSARY

Plugging unknown well log