

OFFICE USE ONLY  
 Log No. **46720**  
 Permit No. \_\_\_\_\_  
 Basin **102**  
 NOTICE OF INTENT NO. **25998**

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

1. OWNER **Donald Giacomo** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS **3030 E 9th Silver Springs, Nev. 89429** \_\_\_\_\_  
 2. LOCATION **SE 1/4 SW 1/4 Sec. 16 T. 17 N/S R. 25 E Lyon** County \_\_\_\_\_  
 PERMIT NO. **17-372-08** Parcel No. \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_ Stockton Sub 2 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  RVE  
 Air  Other **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	3	3
GRAVEL		3	62	59
Tan Clay		62	136	74
Gray Clay		136	148	12
Course Gravel	✓	148	157	9

8. WELL CONSTRUCTION  
 Depth Drilled **160** Feet Depth Cased **157** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 1/2** inches To **160** Feet  
 \_\_\_\_\_ inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 1/2</b>	<b>13.00</b>	<b>3/16</b>	<b>+1</b>	<b>157</b>

Perforations:  
 Type perforation **Air Perf**  
 Size perforation **1 1/4 x 6 long x 5 Rows**  
 From **157** feet to \_\_\_\_\_ 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 **157** feet

9. WATER LEVEL  
 Static water level **63** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

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 Inc** Contractor  
 Address **P.O. Box 599** Contractor  
**Silver Springs NV 89429**  
 Nevada contractor's license number issued by the State Contractor's Board **0031891**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1877**  
 Signed **William Peck**  
 By driller performing actual drilling on site or contractor  
 Date **10-27-99**

Date started **10-17**, 19**99**  
 Date completed **10-18**, 19**99**

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			
<b>Developed for 2 Hours And produced about 50 Gallons Min</b>			

'94 NOV -7 P3:42  
 RECEIVED  
 STATE ENGINEERS OFF