

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

OFFICE USE ONLY
Log No. 119877
Permit No. _____
Basin No. 101

PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 71885
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Jim Osborne
MAILING ADDRESS 12759 Carson Hwy
Fallon NV 89406

DETAILED ADDRESS AT WELL LOCATION 12759 Carson Hwy
Fallon NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION SE 1/4 NW 1/4 19 Sec 19 N/S 27 E
PERMIT/WAIVER NO. 007-211-07
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 032804 NAD 27
Longitude _____ UTM N 4373765 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # NA
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

LITHOLOGIC LOG					
Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
Top Soil			0	1	1
Brown Sands			1	20	19
Hard Pan			20	30	10
Brown sands		X	30	50	20
Brown clay			50	55	5
Brown Sands		X	55	80	25
Grey Sands		X	80	95	15
Grey clay			95	99	4
Brown Sands		X	99	118	19

9. WELL CONSTRUCTION

Depth Drilled: 118 Feet Depth Cased: 118 Feet

HOLE DIAMETER (BIT SIZE)

	From	To		
Inches	<u>0</u>	<u>100</u>	Feet	<u>100</u>
Inches	<u>100</u>	<u>118</u>	Feet	<u>118</u>
Inches			Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>65/8</u>	<u>12.9</u>	<u>.188</u>	<u>+1</u>	<u>118</u>

PERFORATIONS:

Type of perforation: .090 machine slot
Size of perforation: .090
From 111 Feet To 116 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

Sanitary Seal _____ to _____
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] _____ to _____ Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

7. WATER QUALITIES
Static water level: 51' 4" Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Welsco Corp
Address P.O. Box 888 Fallon NV 89406

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>20</u>		<u>1 hr</u>

Nevada contractor's license number as issued by the State Contractor's Board: 11752
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1727
Signed: _____
Date: 4-17-14

(Rev. 08-12)

USE ADDITIONAL SHEETS IF NECESSARY