

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

OFFICE USE ONLY
 Log No. 42025
 Permit No. _____
 Basin. 8-101

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

NOTICE OF INTENT NO. 22759

1. OWNER Ken Henry ADDRESS AT WELL LOCATION 4088 MAGNOLIA
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 33 T. 19 N/S R. 28 E Churchill County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ 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 RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand	X	0	18	18
Clay		18	31	13
Silt	X	31	34	3
Course Sand	X	34	42	8
Black Clay		42	51	9
Black Silt	X	51	56	5
Grey Clay		56	64	8
Grey Silt	-	64	69	5
Sand & Gravel		69	84	15

8. WELL CONSTRUCTION
 Depth Drilled 84 Feet Depth Cased 84 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 50 Feet
6 Inches To 84 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>127</u>	<u>.188</u>	<u>+1</u>	<u>84</u>

Perforations:
 Type perforation Machine Slot
 Size perforation 5/8
 From _____ feet to _____ feet
 From 75 feet to 81 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 11'-3" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started July 26 1993
 Date completed July 27 1993

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>30</u>			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Walsco Contractor
 Address Box 888 Contractor
Fallon, Nev.
 Nevada contractor's license number issued by the State Contractor's Board 11752
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772
 Signed W. O. B. [Signature]
 By driller performing actual drilling on site or contractor
 Date Aug 11-93

'93 SEP 24 AM 141
 STATE ENGINEER'S OFFICE