

OFFICE USE ONLY
 Log No. 42534
 Permit No. _____
 Basin 8-101

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

NOTICE OF INTENT NO. 22800

1. OWNER Alcino Coust ADDRESS AT WELL LOCATION 85 Deer trail
 MAILING ADDRESS 2160 Rice Road.

2. LOCATION SE 1/4 SW 1/4 Sec. 19 T. 19 N. R. 29 E. Churchill County
 PERMIT NO. _____ Parcel No. DeLucci 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
Sandy Clay		0	5	5
Fine Sand	X	5	30	25
Black Clay		30	38	8
Black Silt	X	38	61	23
Grey Silt		61	69	8
Grey Clay		69	74	5
Brown Clay		74	90	16
Sand & Gravel	X	90	100	10

8. WELL CONSTRUCTION
 Depth Drilled 100 Feet Depth Cased 100 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 50 Feet
6 Inches 50 Feet 100 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>127</u>	<u>.188</u>	<u>1</u>	<u>100</u>

Perforations:
 Type perforation Machine Slot
 Size perforation .060

From _____ feet to _____ feet
 From 90 feet to 96 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level 9-10 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60 °F Quality _____

Date started Sept 20, 19 93
 Date completed Sept 20, 19 93

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 Welsco Contractor
 Address Box 888 Fallon Nev. Contractor

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 172

Signed W. J. Pflie
 By driller performing actual drilling on site or contractor
 Date Sept 21-93