

OFFICE USE ONLY  
 Log No. 62257  
 Permit No. \_\_\_\_\_  
 Basin 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. 29745

1. OWNER L.A. Hanton Homes ADDRESS AT WELL LOCATION 5853 Schias  
 MAILING ADDRESS 470 NEW HWY FALLON, NV 89416  
 2. LOCATION SE 1/4 SW 1/4 Sec. 21 T. 18 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  Municipal/Industrial  Irrigation  Monitor  Test  Stock

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown SANDS		0	20	20
Brown CLAY		20	22	2
Brown SANDS		22	30	8
Grey SANDS	X	30	50	20
Black Silt		50	62	12
Grey SANDS		62	65	3
Grey CLAY		65	66	1
Brown SANDS		66	76	10

8. WELL CONSTRUCTION  
 Depth Drilled 76 Feet Depth Cased 76 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
10 3/4 Inches 0 Feet 50 Feet  
6 1/8 Inches 50 Feet 76 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>129</u>	<u>1/8</u>	<u>41</u>	<u>76</u>

Perforations:  
 Type perforation machine cut  
 Size perforation 0.80  
 From 69 feet to 79 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 10' 4" feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cool °F Quality OK

Date started 3-18 1996  
 Date completed 3-18 1996

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	<u>25</u>		<u>1 hr</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 CORP Contractor  
 Address 335 N BROADWAY Fallon, NV Contractor  
 Nevada contractor's license number 11752  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the 1996  
 Division of Water Resources, the on-site driller  
 Signed Jesus Maniscurra  
 By driller performing actual drilling on site or contractor  
 Date 3-18-96