

OFFICE USE ONLY  
 Log No. 63958  
 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. 28215  
Silver Circle

1. OWNER DAVE AKINS 2160 Rice RD ADDRESS AT WELL LOCATION 2055 Silver Circle  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION NE 1/4 SE 1/4 Sec. 35 T 19 N/S R 28 E 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	Thickness
Brown sand		0	15	15
Brown clay		15	20	5
Brown sand	X	20	39	19
Grey sands		39	60	21
Black silt/clay		60	85	25
Grey sands		85	100	15
Brown clay		100	105	5
Brown sand		105	115	10
Brown clay		115	116	1
Brown sand	X	116	125	9

8. WELL CONSTRUCTION  
 Depth Drilled 125 Feet Depth Cased 125 Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
10 3/4 Inches 0 Feet 50 Feet  
6 1/8 Inches 50 Feet 125 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>12.9</u>	<u>1/8</u>	<u>71</u>	<u>125</u>

Perforations:  
 Type perforation machine cut  
 Size perforation 08  
 From 118 feet to 123 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 8' 9" feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cool °F Quality OK

Date started 4-4 1996  
 Date completed 4-4 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>35</u>		<u>1</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 Contractor  
Fallon  
 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 1996  
 Signed Jesus Mairacurru  
 By driller performing actual drilling on site or contractor  
 Date 4-3-96