

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

OFFICE USE ONLY  
 Log No. 64049  
 Permit No. 101  
 Basin \_\_\_\_\_

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. 29746

OWNER **AKINS CONSTRUCTION**  
 MAILING ADDRESS **2160 RICE ROAD**  
**FALLON, NV 89406**

ADDRESS AT WELL LOCATION  
**475 SUNRISE TERRACE**

2. LOCATION **NE 1/4 SW 1/4 Sec. 19 T 19N N/S R 29E 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
BROWN SAND		0	13	13
BROWN CLAY		13	18	5
BROWN SAND		18	30	12
GREY SAND		30	55	25
GREY CLAY		55	58	3
BLACK SILT \ CLAY		58	75	17
GREY SAND		75	82	7
BLACK \ BROWN GRAVEL	X	82	95	13

8. WELL CONSTRUCTION  
 Depth Drilled **95** Feet Depth Cased **95** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
**10"** Inches **0** Feet **50** Feet  
**6"** Inches **50** Feet **95** Feet  
 CASING SCHEDULE  

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.9</b>	<b>.188</b>	<b>+1</b>	<b>95</b>

Perforations:  
 Type perforation **MACHINE SLIT**  
 Size perforation **3/32**  
 From **85** feet to **92** 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** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality **UNTESTED**

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **Welsco Drilling Corp.** Contractor  
 Address **P. O. BOX 888** Contractor  
**FALLON, NV 89407**  
 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 [Signature]  
 By driller performing actual drilling on-site or contractor  
 Date 6-13-96

Date started **6/4/96**, 19\_\_\_\_  
 Date completed **6/4/96**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift	
	<b>30</b>	<b>1 hr.</b>	