

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

OFFICE USE ONLY  
 Log No. 64084

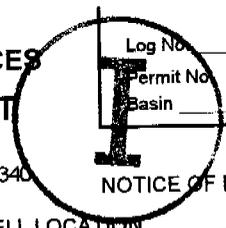
Permit No. 101  
 Basin 101

34322

NOTICE OF INTENT NO. \_\_\_\_\_

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



1. OWNER **AKINS CONSTRUCTION** ADDRESS AT WELL LOCATION **1515 GETTO CIRCLE**  
 MAILING ADDRESS **2100 RICE ROAD**  
**FALLON, N 89406**

2. LOCATION **SE** 1/4 **NW** 1/4 Sec. **19** T **19** N/S R **29** E **CHURCHILL** County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources **007-471-51** 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	18	18
BROWN CLAY		18	22	4
BROWN SAND		22	37	15
GREY SAND		37	50	13
BLACK SILT		50	67	17
GREY SAND		67	79	12
GREY CLAY		79	81	2
BROWN SAND	X	81	93	12

8. WELL CONSTRUCTION  
 Depth Drilled **93** Feet Depth Cased **93** Feet

HOLE DIAMETER (BIT SIZE)

	From	To		
<b>10 3/4</b> inches	<b>0</b> feet	<b>50</b> feet		
<b>6 1/8</b> inches	<b>50</b> feet	<b>93</b> 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>93</b>

Perforations: **MACHINE SLIT**  
 Type perforation \_\_\_\_\_  
 Size perforation **.080**

From	feet to	feet
<b>86</b>	<b>91</b>	

Surface Seal:  Yes  No Seal Type:  Neat Cement  
 Depth of Seal **50**  Cement Grout  
 Placement Method:  Pumped  Concrete Grout  
 Poured

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

RECEIVED  
 95 SEP -3 PM 2:12  
 STATE ENGINEERS OFFICE

9. WATER LEVEL  
 Static water level **10.5** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality **UNTESTED**

Date started **8/12/96**, 19\_\_\_\_  
 Date completed **8/12/96**, 19\_\_\_\_

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	<b>25</b>		<b>1 hr.</b>

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 **8-27-96**