

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

OFFICE USE ONLY  
 Log No. 68292  
 Permit No. \_\_\_\_\_  
 Basin 10  
 6390

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. \_\_\_\_\_

1. OWNER **DREAMBUILDERS CONSTRUCTION** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS **P. O. BOX 1611** **FALLON, NV 89406** **5150 RIVER'S EDGE DRIVE**  
 2. LOCATION **SE** 1/4 **SE** 1/4 Sec. **29** T **19** N/S R **28** E **CHURCHILL** County  
 PERMIT NO. \_\_\_\_\_ Parcel No. **8-492-31** Subdivision Name \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_

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	14	14
BROWN CLAY		14	18	4
BROWN SAND		18	40	22
GREY SAND		40	70	30
BLACK SILT		70	80	10
GREY CLAY		80	85	5
BROWN SAND		85	100	15
GREY SAND		100	125	25
GREY CLAY		125	130	5
BROWN SAND	X	130	147	17

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8. WELL CONSTRUCTION  
 Depth Drilled **147** Feet Depth Cased **147** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
**10 3/4** inches **0** Feet **50** Feet  
**6 1/8** inches **50** Feet **147** Feet  
 \_\_\_\_\_ inches \_\_\_\_\_ Feet \_\_\_\_\_ 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>147</b>

Perforations:  
 Type perforation **MACHINE SLOT**  
 Size perforation **.080**  
 From **140** feet to **145** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **50**  Neat Cement *He K500*  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level **21.3** 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 **305 E. WILLIAMS AVE. 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 *J. B. Apple*  
 By driller performing actual drilling on-site or contractor  
 Date **8-7-97**

Date started **7/12/97**, 19\_\_\_\_  
 Date completed **7/12/97**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<b>20</b>	<b>1 hr.</b>	