

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

OFFICE USE ONLY  
 Log No. 74748  
 Permit No. \_\_\_\_\_  
 Basin 101

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. **39429**

1. OWNER **CHRIS SHARP** ADDRESS AT WELL LOCATION **1311 RICE ROAD**  
 MAILING ADDRESS **1311 RICE ROAD**  
**FALLON, NV 89406**  
 2. LOCATION **NW 1/4 SE 1/4 Sec. 24 T 19 N/S R 28 E CHURCHILL** County  
 PERMIT NO. \_\_\_\_\_ 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	15	-120
BROWN CLAY		15	19	4
BROWN SAND		19	35	16
GREY SAND		35	45	10
BLACK SILT/CLAY		45	90	0
GREY SAND		90	102	12
BROWN SILT/CLAY		102	130	28
GREY CLAY		130	135	5
GREY SAND		135	143	8
BLACK SILT/CLAY		143	210	67
GREY SAND		210	215	5
BROWN SAND/CLAY		215	228	13
BLACK GRAVEL	X	228	237	9

8. WELL CONSTRUCTION  
 Depth Drilled 237 Feet Depth Cased 237 Feet  
 HOLE DIAMETER (BIT SIZE)  

	From	To
10 3/4 Inches	0	100
6 1/4 Inches	100	237

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	237

Perforations:  
 Type perforation **MACHINE SLIT**  
 Size perforation **.080**  
 From 231 feet to 235 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No  
 Depth of Seal 100  
 Placement Method:  Pumped  Poured  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 13'8" 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 CORP.** Contractor  
 Address **P. O. BOX 888** Contractor

**FALLON, NV 89406**  
 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 **2093**  
 Signed [Signature]  
 By driller performing actual drilling on-site or contractor  
 Date **3/12/99**

Date started 2/20/99, 19\_\_  
 Date completed 2/20/99, 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>1 HR</b>	