

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

OFFICE USE ONLY
 Log No. 77799
 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. **39448**

1. OWNER **JESSEE & PEGGY ANDERSON**
 MAILING ADDRESS **5020 ALCORN ROAD**
FALLON, NV 89406

ADDRESS AT WELL LOCATION **5020 ALCORN ROAD**

2. LOCATION **SW 1/4 SW 1/4 Sec. 25 T 19**
 PERMIT NO. _____
 Issued by Water Resources _____ Parcel No. 008-511-60

N/S R **28** E **CHURCHILL** County
 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
BR SAND		0	10	
BR CLAY		10	15	5
BR SAND		15	30	15
GREY SAND		30	60	30
GREY CLAY		60	64	4
BROWN SAND	X	64	74	10

8. WELL CONSTRUCTION
 Depth Drilled **74** Feet Depth Cased **74** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 1/4** Inches To **50** Feet
 From **6 5/8** Inches To **74** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	74

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.088**
 From **68** feet to **72** feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No

9. WATER LEVEL
 Static water level **9'7"** 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** 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 **1996**
 Signed [Signature] By driller performing actual drilling on-site or contractor
 Date **5/10/99**

Date started **4/20/1999**
 Date completed **4/20/1999**

7. WELL TEST DATA

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

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 99 MAY 21 AM 10:59
 STATE ENGINEERS OFFICE