

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 78430
 Permit No. _____
 Basin _____

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **36243**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **COUNTRY HOMES**
 MAILING ADDRESS **4600 RENO HWY**
FALLON, NV 89406
 ADDRESS AT WELL LOCATION **5800 SARAH**

2. LOCATION **NE 1/4 NW** 1/4 Sec. **20 T 19** N/S R **28 E** **CHURCHILL** County
 PERMIT NO. _____ Parcel No. **8-172-36** 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	10	
BROWN CLAY		10	15	5
BROWN SAND		15	30	15
BROWN CLAY		30	36	6
BROWN SAND		36	45	9
GREY SAND		45	60	15
BROWN CLAY		60	63	3
BROWN SAND	X	63	71	8

8. WELL CONSTRUCTION
 Depth Drilled **71** Feet Depth Cased **71** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
10 3/4 Inches	0	50	Feet
6 Inches	50	71	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	71

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.080**

From	To	feet
65	69	feet
		feet

Surface Seal: Yes No
 Depth of Seal **50**
 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 **12** 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 **1996 JM**
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date **10/11/19**

Date started **8/16/1999** .19
 Date completed **9/11/1999** .19

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	290	1 HR
G.P.M.		