

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

OFFICE USE ONLY
 Log No. 78447
 Permit No. _____
 Basin _____

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. 34665

1. OWNER GNS CONSTRUCTION ADDRESS AT WELL LOCATION 5375 VANESSA
 MAILING ADDRESS 4240 RENO HWY
FALLON, NV 89406
 2. LOCATION SW 1/4 NW 1/4 Sec. 20 T 19 N/S R 28 E CHURCHILL County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 008-176-07 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	Thickness
BROWN SAND		0	14	14
BROWN CLAY		14	18	4
BROWN SAND	X	18	30	12
BROWN CLAY		30	35	5
GREY SAND		35	40	5
BROWN CLAY		40	46	6
BROWN SAND	X	46	57	11

8. WELL CONSTRUCTION
 Depth Drilled 57 Feet Depth Cased 57 Feet
 HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
10 3/4	0	45	0	45
6 1/8	45	57	45	57

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+1	57

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080
 From 48 feet to 53 feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 45
 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 13.1 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 Contractor
 Address P.O. Box 888 Contractor
Fallon, NV
 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 _____
 By driller performing actual drilling on-site or contractor
 Date _____

Date started 10/12/96 19____
 Date completed 10/26/96 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	25		1 hr.

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