

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 78448
 Permit No. 101
 Basin 101

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. 34681

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER GNS CONSTRUCTION ADDRESS AT WELL LOCATION 1955 PATTIE DRIVE
 MAILING ADDRESS 4240 RENO HWY
FALLON, NV 89406
 2. LOCATION NW 1/4 NW 1/4 Sec. 20 T 19N N/S R 28E E CHURCHILL County
 PERMIT NO. _____ Issued by Water Resources 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	20	20
BROWN CLAY		20	23	3
BROWN SAND	X	23	35	12
BROWN CLAY		35	36	1
GREY SAND		36	60	24
BLACK SILT		60	70	10
GREY SAND		70	81	11
GREY CLAY		81	85	4
BROWN SAND	X	85	96	11

8. WELL CONSTRUCTION
 Depth Drilled 96 Feet Depth Cased 969 Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0	50
6 1/8 Inches	50	96

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+1	96

Perforations:
 Type perforation MACHINE SLIT
 Size perforation .080
 From 87 feet to 94 feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 50 FT
 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 21.4 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
 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 19916
 Signed _____
 By driller performing actual drilling on-site or contractor
 Date _____

Date started 12/31/96 19____
 Date completed 12/31/96 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	20		1 hr.

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 STATE ENGINEERS OFFICE