

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

OFFICE USE ONLY  
 Log No. 88135  
 Permit No. 101  
 Basin 101  
 NOTICE OF INTENT NO. **46579**

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

1. OWNER **AKINS CONSTRUCTION**  
 MAILING ADDRESS **2160 RICE ROAD**  
**FALLON, NV 89406**

2. LOCATION **NW** 1/4 **SE** 1/4 Sec. **24** T **19**  
 PERMIT NO. **08-314-51**  
 Issued by Water Resources Parcel No. Subdivision Name

ADDRESS AT WELL LOCATION **1040 VENTURACCI LANE**

N/S R **28** E **CHURCHILL** County

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
TOP SOIL		0	1	1
BROWN SAND		1	18	17
BROWN CLAY		18	20	2
BROWN SAND		20	40	20
GREY SAND		40	70	30
GREY CLAY		70	80	10
BROWN SAND		80	90	10
BROWN CLAY		90	93	3
GREY SAND		93	120	27
BLACK SILT/CLAY		120	170	50
GREY SAND		170	210	40
GREY CLAY		210	215	5
BROWN SAND	X	215	230	15

8. WELL CONSTRUCTION  
 Depth Drilled **230** Feet Depth Cased **230** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
10	0	100	0	100
6 5/8	100	230	100	230

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	230

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

From	To	Feet	Feet
224	228	224	228

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 **21'** 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 **772 11752**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2199**  
 Signed [Signature]  
 By \_\_\_\_\_ performing actual drilling on-site or contractor  
 Date **4/2/2002**

Date started **2/14/2002** 19  
 Date completed **3/19/2002** 19

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<b>AIR BLOWN</b>	<b>25</b>		<b>1 HR</b>

TEST METHOD:  Bailer  Pump  Air Lift

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 STATE ENGINEERS OFFICE