



**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. **50995**

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

1. OWNER **GEORGE LEAVITT** ADDRESS AT WELL LOCATION **1303 HARRIGAN ROAD**  
 MAILING ADDRESS **1303 HARRIGAN ROAD**  
**FALLON, NV 89406**

2. LOCATION **SW** 1/4 **SW** 1/4 Sec. **32** T **19** N/S R **29** E **CHURCHILL** County  
 PERMIT NO. **7-831-02** Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other

4. PROPOSED USE  
 Domestic  Municipal/Industrial  Irrigation  Monitor  Test  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOPO SOIL		0	1	1
BROWN SAND		1	18	17
BROWN CLAY		18	20	2
BROWN SAND		20	40	20
BROWN CLAY/SAND		40	60	20
GREY CLAY		60	95	35
BROWN SAND	X	95	113	18

8. WELL CONSTRUCTION  
 Depth Drilled **113** Feet Depth Cased **113** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0	50
6 1/8 Inches	50	113

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	113

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

From **107** feet to **111** 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

9. WATER LEVEL  
 Static water level **10'11"** 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 **2199**  
 Signed *[Signature]*  
 Date **1/27/2003**

Date started **9/23/2002** .19  
 Date completed **1/5/2003** .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	<b>15</b>		<b>1 HR</b>

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