

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

OFFICE USE ONLY
Log No. 89399
Permit No. _____
Basin 101

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. 48977

OWNER KOPAS KONSTRUCTION
MAILING ADDRESS P. O. BOX 5024
FALLON, NV 89406

ADDRESS AT WELL LOCATION 1969 SCHECKLER CUTOFF

2. LOCATION SW 1/4 SW 1/4 Sec. 32 T 19
PERMIT NO. _____ Parcel No. 008-671-29

N/S R 28 E CHURCHILL County
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
TOP SOIL		0	1	1
BROWN SAND		1	10	9
BROWN CLAY		10	13	3
BROWN SAND		13	35	22
BROWN CLAY		35	40	5
BROWN SAND		40	55	15
GREY SAND		55	75	20
GREY CLAY		75	77	2
BROWN SAND	X	77	88	11

8. WELL CONSTRUCTION

Depth Drilled 88 Feet Depth Cased 88 Feet

HOLE DIAMETER (BIT SIZE)

From 0 Feet To 50 Feet
10 3/4 Inches
From 50 Feet To 88 Feet
6 1/8 Inches

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	22

Perforations:

Type perforation MACHINE SLOT

Size perforation .080

From 82 feet to 86 feet
From _____ feet to _____ feet

Surface Seal: Yes No

Seal Type:

Depth of Seal 50

Neat Cement

Placement Method: Pumped

Cement Grout

Poured

Concrete Grout

Gravel Packed: Yes No

From _____ feet to _____ feet

9. WATER LEVEL

Static water level 12.4 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 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]
By driller performing actual drilling on-site or contractor

Date 4/18/2003

Date started 4/14/03 19____
Date completed 4/14/03 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20</u>		<u>HR</u>