

Log No. 92082

Permit No. _____

Basin 10

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. **54452**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

ADDRESS AT WELL LOCATION **3220 BROOKSIDE**

2. LOCATION **SW 1/4 NE 1/4 Sec. 27 T 19 N/S R 28 E** **CHURCHILL** County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 008-421-24 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
TOP SOIL		0	1	1
BROWN SAND		1	30	30
BROWN CLAY		30	35	34
MC GRAVELS & SAND		35	50	20
BROWN CLAY		50	51	1
GRAY SAND		51	75	24
GRAY CLAY		75	80	5
BROWN SAND		80	90	10
BROWNCLAY		90	95	5
GRAY SAND		95	140	45
BLACK SILT & CLAY		140	150	10
GRAY CLAY		150	160	10
BROWN SAND	X	160	179	19

8. **WELL CONSTRUCTION**
 Depth Drilled **179** Feet Depth Cased **179** Feet
HOLE DIAMETER (BIT SIZE)
 10 3/4 Inches From 0 Feet To 100 Feet
 6 Inches From 100 Feet To 179 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	179

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.080**
 From **172** feet to **177** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: _____
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. **WATER LEVEL**
 Static water level **21.8** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality **UNTESTED**

Date started **9/29/1903** _____ 19____
 Date completed **10/3/1903** _____ 19____

7. **WELL TEST DATA**

TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	50		1 HR

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 **10/4/2003**