

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

OFFICE USE ONLY  
Log No. 93939  
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. 53077

1. OWNER MARIO LEPROVOST ADDRESS AT WELL LOCATION 3205 BROOKSIDE  
MAILING ADDRESS 3205 BROOKSIDE/P. O. BOX 1854  
FALLON, NV 89406

2. LOCATION NE SE 1/4 SW NE 1/4 Sec. 27 T 19 N/S R 28 E CHURCHILL County  
PERMIT NO. 008-421-23 Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
Issued by Water Resources

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	
BROWN SAND		1	18	17
BROWN CLAY		18	25	7
BROWN SAND		25	40	15
GRAY CLAY		40	50	10
GRAY SAND		50	75	25
BROWN CLAY		75	80	5
BROWN SAND		80	90	10
BROWN CLAY		90	96	6
GRAY SAND		96	160	64
GRAY CLAY		160	163	3
BROWN SAND	X	163	180	17

8. WELL CONSTRUCTION  
Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>10 3/4</u> Inches	<u>0</u> Feet	<u>100</u> Feet
<u>6 1/4</u> Inches	<u>100</u> Feet	<u>180</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.9</u>	<u>.188</u>	<u>+2</u>	<u>180</u>

Perforations:  
Type perforation MACHINE PERF  
Size perforation .080

From	To
<u>174</u> feet to	<u>178</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Surface Seal:  Yes  No  
Depth of Seal 100

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

9. WATER LEVEL  
Static water level 28'7" feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature COOL °F Quality UNKNOWN

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 8/26/2004

Date started 8/16/2004 .19  
Date completed 8/16/2004 .19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20.</u>	<u>1 HR</u>

STATE ENGINEERS OFFICE  
04 AUG 30 PM 12:26  
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