

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

OFFICE USE ONLY
Log No. 116648
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. 64740

1. OWNER David Widmer ADDRESS AT WELL LOCATION 155 S. CROCK R.D.
MAILING ADDRESS 585 W Williams Ave Fallon NV 89406

2. LOCATION N 1/4 NE 1/4 Sec 33 T 19 N/S R 29 E Latitude _____ UTME 0360946 NAD 27
PERMIT/WAIVER No. DOM 13-17 007-871-04 Longitude _____ N 4310519 NAD 83/WGS 84
Issued by Water Resources Parcel No. _____ Subdivision Name: _____ County: Churchill

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
Brown sand		0	25	25
Brown clay	X	25	28	3
Brown sand		28	35	7
Grey clay		35	40	5
Grey sands		40	63	23
Grey clay		63	70	7
Grey sands		70	83	13
Grey clay		83	87	4
Brown sands	X	87	100	13

NAD 27
39.473241° N
114.732849° W

8. WELL CONSTRUCTION

Depth Drilled 100 Feet Depth Cased 100 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Inches	Feet
<u>10 5/8</u>	<u>0</u>	<u>0</u>	<u>55</u>
<u>6 7/8</u>	<u>55</u>	<u>55</u>	<u>100</u>

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>+1</u>	<u>100</u>

Perforations:

Type of perforation 200 machine slot
Size of perforation 0.020

From	feet to	feet
<u>93</u>	<u>98</u>	

Surface Seal: Yes No
Depth of Seal 55
Placement Method: Pumped Poured
Gravel Packed: Yes No

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

9. WATER LEVEL

Static water level 13 feet below land surface
Artesian flow NO G.P.M. _____ P.S.I. _____
Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WELSCO DRILLING Contractor
Address P.O. Box 898 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 Jens Christensen
By driller performing actual drilling on site or contractor
Date _____

Date started 4-19 2013
Date completed 4-19 2013

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>10</u>		<u>1 hr</u>

(Rev. 08/10)

USE ADDITIONAL SHEETS IF NECESSARY