

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

OFFICE USE ONLY
Log No. 120214
Permit No. _____
Basin No. 10

PRINT OR TYPE IN BLACK INK 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. 71837
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Don E Donna Eueatt
MAILING ADDRESS 215 Lewis IN
ME Fallon NV 89406

DETAILED ADDRESS AT WELL LOCATION 215 Lewis IN
Fallon NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION SE 1/4 NW 1/4 28 Sec 19 N/S 28 E
PERMIT/WAIVER NO. SW 1009-493-43
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 0341169 NAD 27
Longitude _____ UTM N 4371683 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # 67932
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Corn / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
TOP SOIL			0	1	1
Brown Sands			1	15	14
Brown clay			15	20	5
Brown Sands			20	50	30
Grey clay			50	55	5
Grey sands		X	55	65	10
Grey clay			65	66	1
Brown sands		X	66	86	20
Grey clay			86	90	4
Grey sands		X	90	120	30
Grey clay			120	124	4
Grey sands		X	124	150	26
Brown clay			150	156	6
Brown gravelly Sands		X	156	176	20
Nad 27 38.481975 N 119.846196 W					
replace well log 67932					

9. WELL CONSTRUCTION

Depth Drilled: 176 Feet Depth Cased: 176 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>10 5/8</u> Inches	<u>0</u> Feet	<u>100</u> Feet
<u>6 5/8</u> Inches	<u>100</u> Feet	<u>176</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>±1</u>	<u>176</u>

PERFORATIONS:

Type of perforation: Machine slot
Size of perforation: .090
From 169 Feet To 174 Feet

ANNULAR MATERIALS

Sanitary Seal _____ to _____
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] _____ to _____ Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 5-12- 20 14
Date completed: 5-13 20 14

7. WATER QUALITIES
Static water level: 33 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cool ° Fahrenheit
Water Quality: OK

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25</u>	<u>3</u>	<u>3</u>

10. DRILLER'S CERTIFICATION

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

Name Welsco Corp Contractor
Address P.O. Box 888 Fallon NV 89406 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 11752
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 0727

Signed: [Signature]
By driller performing actual drilling on site or contractor
Date: 5-15-14