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

OFFICE USE ONLY
Log No. 125827
Permit No.
Basin No. 101

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. 75862
WELL NAME *(if applicable)*:

1. OWNER/CLIENT NAME: East Harrison
MAILING ADDRESS: 1000 Briggs Ln
Fallon NV 89406

DETAILED ADDRESS AT WELL LOCATION: 1000 Briggs Ln
Fallon NV 89406
Subdivision Name. *County:* Churchill

2. PLS LOCATION: NW¼ NE¼ 29 Sec 19 N/S 28 E
PERMIT/WAIVER NO. *Issued by Water Resources* 008-53-15 *Current Parcel No.*

Latitude ____ UTM E 0739679 ☑ NAD 27
Longitude ____ UTM N 4372483 ☐ NAD 83/WGS 84

3. WORKED PERFORMED
☐ New Well ☐ Deepen: Orig WL#
☑ Replacement: Original well log # None
☐ Recondition: Original well log #

4. PROPOSED USE
☑ Domestic ☐ Irrigation ☐ Monitor
☐ Mining / Dewater ☐ Com / 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	Thickness
Brown Sand & Clay			0	50	50
Black Sand & Clay			50	70	20
Brown Gravel		X	70	95	25
Brown Sand & Clay		X	95	112	17
NAD 27					
39.488904°N					
118.864244°W					

Date started 5-16-2016, 20
Date completed: 5-17-2016, 20

9. WELL CONSTRUCTION
Depth Drilled: 112 Feet Depth Cased: 112 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
10 3/4	Inches	0	Feet	103	Feet
6 5/8	Inches	103	Feet	112	Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	112

PERFORATIONS:
Type of perforation: Factory cut
Size of perforation: 60 thousands 2" cut
From 105 Feet To 110 Feet
From ____ Feet To ____ Feet
From ____ Feet To ____ Feet

ANNULAR MATERIALS

☑ Sanitary Seal		to		
☑ Neat Cement	3	to 105	☑ 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

7. WATER QUALITIES
Static water level: 88' Feet below land surface
Artesian Flow: ____ G.P.M. ____ P.S.I.
Water Temperature: ____ ° Fahrenheit
Water Quality: Not tested

8. WELL TEST DATA
Test Method: ☐ Bailer ☐ Pump ☑ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
40		1

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Welco Corp *Contractor*
Address PO 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):* 2539

Signed: ____ *By driller performing actual drilling on site or contractor*
Date: 5-17-2016

(Rev 08-12)
(NSPO Rev 11-12)

USE ADDITIONAL SHEETS IF NECESSARY

Replaces Unknown Well log

(O) 627