

OFFICE USE ONLY
 Log No. 46280
 Permit No. 101
 Basin. 101

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 27031

1. OWNER Alkins Const ADDRESS AT WELL LOCATION 2225 Mtn View
 MAILING ADDRESS 2160 RIFE RD
FALLON
 2. LOCATION SE 1/4 NE 1/4 Sec. 35 T 19 N/S R 28 E Churchill County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

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	Thickness
Brown Sand		0	8	8
Brown Clay		8	13	5
Brown Sand	✓	13	27	14
Brown Sand	✓	27	31	4
Black silt	✓	31	49	18
Black Clay		49	52	3
Black Sand	✓	52	67	15
Grey Sand	✓	67	83	15
Dark Gravel	✓	83	85	2
Dark Clay & Gravel	✓	85	94	9
Brown Sand	✓	94	107	13

'84 OCT 21 P2:18
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 107 Feet Depth Cased 107 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches 0 Feet 50 Feet
6 Inches 50 Feet 107 Feet
 _____ Inches _____ Feet _____ 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>107</u>

Perforations:
 Type perforation machine slot
 Size perforation .080
 From 100 feet to 105 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 10-2 1/4 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality _____

Date started July 30, 1994
 Date completed July 30, 1994

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>25</u>		<u>1</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Welsco Contractor
 Address Box 888 Contractor
Fallon - Nev
 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 772-T
 Signed Jesus Marin
 By driller performing actual drilling on site or contractor
 Date Aug 17-94