

OFFICE USE ONLY
 Log No. 4932
 Permit No. 10
 Basin.

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. 28852

1. OWNER Thayne Hammond ADDRESS AT WELL LOCATION 1370 GOLDEN PARK
 MAILING ADDRESS Fallon

2. LOCATION SW 1/4 SE 1/4 Sec. 24 T. 19 N/S R. 28 E. Churchill County
 PERMIT NO. 208-322-47 Venteracci 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	Thick-ness
Brown sand		0	15	15
Brown clay		15	18	3
Grey sand	X	18	39	21
Black silt/clay		39	65	24
Grey sands		65	82	17
Brown clay		82	86	4
Brown sand		86	101	15

8. WELL CONSTRUCTION
 Depth Drilled 101 Feet Depth Cased 101 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>3 3/4</u> Inches	<u>0</u> Feet	<u>50</u> Feet
<u>2 1/8</u> Inches	<u>50</u> Feet	<u>101</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>1/8</u>	<u>+1</u>	<u>101</u>

Perforations:
 Type perforation machine cut
 Size perforation 0.30
 From 9.1 feet to 99 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 12-2 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality ok

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 335 N Broadway Contractor
Fallon
 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 1996
 Signed Jesse Mancoske
 By driller performing actual drilling on site or contractor
 Date 8-21-95

Date started 8-21, 1995
 Date completed 8-21, 1995

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>70</u>		<u>1</u>

RECEIVED
 95 SEP 29 PM 12:45
 CIVIL ENGINEERING OFFICE