

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

OFFICE USE ONLY
 Log No. 79706
 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. **43639**

1. OWNER **MS CONSTRUCTION** ADDRESS AT WELL LOCATION **WESTWIND WAY**
 MAILING ADDRESS **P. O. BOX 762** 6388 Westwind Way
FALLON, NV 89406
 2. LOCATION **NW 1/4 SE 1/4 Sec. 19 T 19 N/S R 28 E CHURCHILL** County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 8-152-18 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
BR. SAND		0	12	12
BR CLAY		12	22	10
BR SAND		22	30	8
BR CLAY		30	40	10
BR SILT		40	45	5
BR CLAY		45	46	1
BR SAND	X	46	56	10

8. WELL CONSTRUCTION
 Depth Drilled **56** Feet Depth Cased **56** Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 56 Feet
 6 5/8 Inches
 _____ Inches
 _____ Inches

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	56

Perforations:
 Type perforation **MACHINE PERF**
 Size perforation **.080**
 From 50 feet to 54 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal **50**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **7'11"** feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature **COOL** °F Quality **UNTESTED**

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 **P. O. BOX 888** Contractor
FALLON, NV 890406
 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 [Signature] By driller performing actual drilling on-site or contractor
 Date **3/22/2000**

Date started **3/3/2000**, 19____
 Date completed **3/6/2000**, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	30		1 HR