

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 92300
Permit No. _____
Basin 101

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. 54453

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

1. OWNER LAHONTAN HOMES ADDRESS AT WELL LOCATION LARIAT 4151
MAILING ADDRESS 4700 RENO HWY
FALLON, NV 89406

2. LOCATION SE 1/4 NW 1/4 Sec. 16 T 18 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
TOP SOIL		0	1	
BROWNN SAND		1	18	17
BROWN CLAY		18	22	4
BROWN SAND		22	30	8
BROWN CLAY		30	35	5
GRAY SAND		35	70	35
GRAY CLAY/SILT		70	85	15
BROWN SILT		85	95	10
BROWN CLAY		95	110	15
GRAY SAND		110	135	25
GRAY CLAY		135	140	5
BROWN SAND	X	140	150	10

8. WELL CONSTRUCTION
Depth Drilled 150 Feet Depth Cased 150 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
10	0	100
6	100	150

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	150

Perforations:
Type perforation MACHINE SLIT
Size perforation .080

From	To
143 feet	148 feet

Surface Seal: Yes No
Depth of Seal 100
Placement Method: Pumped Poured
Gravel Packed: Yes No

Seal Type:
 Neat Cement Cement Grout Concrete Grout

9. WATER LEVEL
Static water level 22 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 89406
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 2199
Signed [Signature] by driller performing actual drilling on-site or contractor
Date _____

Date started 11/1/2003 19
Date completed 11/3/2003 19

7. WELL TEST DATA

TEST METHOD	Draw Down (Feet Below Static)	Time (Hours)
<u>61 G.P.M.</u>	<u>25'</u>	<u>1 HR</u>

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FALLON NV
DIVISION OF WATER RESOURCES OFFICE