WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 97697
Permit No.
Basin 101

NOTICE OF INTENT NO. ~~000000~~ 39440

1. OWNER AKINS CONSTRUCTION/HEMLOTH
MAILING ADDRESS 5730 RIVERS EDGE DRIVE
FALLON, NV 89406

ADDRESS AT WELL LOCATION 5730 RIVERSEDGE DRIVE

2. LOCATION SE 1/4 NW 1/4 Sec. 29 T 19 N/S R 28 E CHURCHILL County
PERMIT NO. Issued by Water Resources
008-551-27 Parcel No.
VENTURACCI 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
REMOVE EXISTING		0	115	115
ABANDONING FLUID TO				
115' REGROUT BOTTOM TO				
TOP WITH CEMENT GROUT				

RECEIVED
99 MAY 21 AM 10:59
STATE ENGINEERS OFFICE

Date started 4/26/1999 , 19__
Date completed 4/26/1999 , 19__

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

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

HOLE DIAMETER (BIT SIZE)

		From		To	
6 5/8	Inches	0	Feet	113	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☒ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☑ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☒ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality

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 772
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 11752
Signed ____ By driller performing actual drilling on-site or contractor
Date 5/19/199

USE ADDITIONAL SHEETS IF NECESSARY