

OFFICE USE ONLY
Log No. **41869**
Permit No. **179**
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. **23226**

1. OWNER **CECIL & LOIS WEAVER** ADDRESS AT WELL LOCATION **McGill Hwy - 145 no. st.**
MAILING ADDRESS **H.C. 33 Box 33510 Ely, NV 89301**

2. LOCATION **NE 1/4 NE 1/4 Sec 36 T 17 N/S R. 63 E. WHITE Pine** County
PERMIT NO. **NA 10-290-31** NONE 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	
Cemented gravel Cobble		1	50	
lime Stone		50	52	
Cemented gravel Cobbles		52	90	
gravel	water	90	91	1
Clay		91	93	
Cemented gravel		93	95	
Clay		95	97	
Cemented gravel		97	98	
Clay		98	102	
Sand gravel	water	102	105	3
Clay		105	115	
gravel	main water	115	120	5
Cemented gravel		120	125	
Clay		125	127	
gravel	water	127	128	1
Clay		128	133	
gravel	water	133	138	5
Clay		138	140	

8. WELL CONSTRUCTION
Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)
From To
10 Inches **0** Feet **50** Feet
8 Inches **50** Feet **140** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.188	0	140

Perforations:
Type perforation **mill**
Size perforation **4 x 2 1/2 x 6 row**
From **100** feet to **140** feet
From **100** feet to **140** feet
From **100** feet to **140** feet
From **100** feet to **140** 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 **50** feet to **140** feet

Date started **March 22** 19**93**
Date completed **May 24** 19**93**

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	40	10	1

9. WATER LEVEL
Static water level **90** feet below land surface
Artesian flow..... G.P.M. P.S.I.
Water temperature **Cold** °F Quality **good**

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **Nathan R. Maynard** Contractor
Address **P.O. Box 176 Lund NV 89317** Contractor
Nevada contractor's license number issued by the State Contractor's Board **0022869**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1556**
Signed **Nathan Maynard**
By driller performing actual drilling on site or contractor
Date **May 27-93**