

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

OFFICE USE ONLY  
 Log No. 117779  
 Permit No. \_\_\_\_\_  
 Basin 101

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **70594**

1. OWNER **City of Fallon** ADDRESS AT WELL LOCATION **1325 New River Pkwy**  
 MAILING ADDRESS **55 West Williams** **Fallon, NV 89406**  
**Fallon, NV 89406** **Subdivision Name:** \_\_\_\_\_ **County: Churchill**

2. LOCATION **SW¼SE¼ Sec32T19N / R29E** Latitude **39.463473** UTM E  NAD 27  
 PERMIT/WAIVER NO. **DW-100** Parcel No. **001-781-22** Longitude **-118.753017** N  NAD 83/WGS 84  
*Issued by Water Resources*

3. WORK PERFORMED  New Well  Replace  Recondition  
 Deepen  Other **Dewatering**

4. PROPOSED USE  Domestic  Irrigation  Test  Monitor  Stock  
 Municipal/Industrial  Other

5. WELL TYPE  Cable  Rotary  RVC  
 Air  Other **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fine sand		0	5	5
Fine sand & med.fine sand	x	5	60	55
<b>DW#5</b>				
<b>A bottom cap was installed.</b>				
2018 AUG 29 11:11:59 AM ENGINEERS OFFICE				
NAD 27 39.463473 N -118.753017 W				
Date started:	8-8, 20 13			
Date completed:	8-8, 20 13			

9. WELL CONSTRUCTION

Depth Drilled **60** Feet Depth Cased **60** Feet

HOLE DIAMETER (BIT SIZE)  
 From **17** Inches To **0** Feet **60** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>12 3/4</b>		<b>Sch40</b>	<b>0</b>	<b>60</b>

Perforations:  
 Type of perforation **Saw Cut**  
 Size of perforation **.090**

From **5** feet to **60** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Annular Seal:  Yes  No

Neat Cement \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Cement Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Concrete Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 ≥30% Bentonite Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Gravel Pack:  Yes  No **0** to **60**  Pumped  Poured  
 Type: **3/8 well rock**  
 Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
 Type: \_\_\_\_\_

7. Water Level

Static water level: **8** feet below land surface  
 Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water Temperature: \_\_\_\_\_ °F  
 Quality: **Not tested**

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
<b>50</b>			<b>1</b>
<i>plugged by well log 1148624</i>			

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **Bruce MacKay Pump & Well Service** (CONTRACTOR)  
 Address **1600 Mt. Rose Hwy** (CONTRACTOR)  
**Reno, NV 89511**  
 Nevada contractor's license number issued by the State Contractor's Board **23096**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1790**

Signed *R. Bruce MacKay*  
 By driller performing actual drilling on site or contractor  
 Date **8-9-13**