

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

OFFICE USE ONLY

Log No. 120212
Permit No. _____
Basin No. 101

PRINT OR TYPE IN BLACK INK 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. 71889
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Norene King
MAILING ADDRESS 1544 Mallard way
So. Fallon NV 89406

DETAILED ADDRESS AT WELL LOCATION 1246 Roberson IN
Fallon NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION SW 1/4 SW 1/4 20 Sec 19 N/S 20 E
PERMIT/WAIVER NO. 19 009-153-22
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 0338791 NAD 27
Longitude _____ UTM N 4372995 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # UNKNOWN
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic
 Mining / Dewater
 Test / Other
 Irrigation Monitor
 Com / Ind Stock
 Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

LITHOLOGIC LOG					
Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
JOP Soil			0	1	1
Brown Sand			1	25	24
Brown clay			25	28	3
Brown Sand		X	28	50	22
Grey sands			50	70	20
Brown clay			70	74	4
Brown Sands		X	74	86	12
Replaces unknown well log					
Rad 217 39.492446 N 118.570786 W					

9. WELL CONSTRUCTION
Depth Drilled: 86 Feet Depth Cased: 86 Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
<u>10 5/8</u>	Inches <u>0</u>	Feet <u>50</u>	Feet
<u>6 5/8</u>	Inches <u>50</u>	Feet <u>86</u>	Feet
	Inches	Feet	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.9</u>	<u>.188</u>	<u>+1</u>	<u>86</u>

PERFORATIONS:
Type of perforation: machine slot
Size of perforation: .030
From 79 Feet To 84 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS
 Sanitary Seal 79 to 84
 Neat Cement 0 to 50
 Cement Grout _____ to _____
 Concrete Grout _____ to _____
 Bentonite Chips _____ to _____
 Bentonite Grout _____ to _____
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] _____ to _____
 Sand Pack [< 0.2 in.] _____ to _____
 Other, explain: _____
 Pumped Poured
 Pumped Poured
 Pumped Poured
 Pumped Poured
 Pumped Poured

Date started: 5-8-14 , 20 14
Date completed: 5-8-14 , 20 14

7. WATER QUALITIES
Static water level: 27 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cool ° Fahrenheit
Water Quality: OK

8. WELL TEST DATA

Test Method: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>20</u>		<u>1 hr</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This 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 as issued by the State Contractor's Board: 11752
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2199
Signed: Jess Marice
By driller performing actual drilling on site or contractor
Date: 5-15-14