

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

OFFICE USE ONLY  
Log No. 121364  
Permit No. \_\_\_\_\_  
Basin 101

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

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

1. OWNER Roy Rodgers ADDRESS AT WELL LOCATION 8750 Pioneer Way  
MAILING ADDRESS 8750 Pioneer Way Fallon NV 89406 County: Churchill  
Subdivision Name: \_\_\_\_\_  
2. LOCATION NE 1/4 NW 1/4 Sec 23 T 19 N/S/R 27 E Latitude \_\_\_\_\_ UTM E 0334383  NAD 27  
PERMIT/WAIVER No. SW 14 00715182 Longitude \_\_\_\_\_ N 4374281  NAD 83/WGS 84  
Issued by Water Resources Parcel No. \_\_\_\_\_

3. WORKED PERFORMED  
 New Well  Replace  Recondition  
 Deepen  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	1
brown clay		1	15	14
brown sand	X	15	30	15
brown clay		30	36	6
brown sand		36	55	19
Grey sands		55	80	25
Grey clay		80	84	4
brown sands/gravel	X	84	98	14

9. WELL CONSTRUCTION  
Depth Drilled 98 Feet Depth Cased 98 Feet  
HOLE DIAMETER (BIT SIZE)  
From To  
10 5/8 Inches 0 Feet 53 Feet  
6 5/8 Inches 53 Feet 98 Feet  
CASING SCHEDULE  
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)  
6 5/8 12.9 .188 ±1 98

Perforations:  
Type of perforation Machize slot  
Size of perforation .080  
From 91 feet to 96 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Annular Seal:  Yes  No  
 Neat Cement to 53  Pumped  Poured  
 Cement Grout \_\_\_\_\_  Pumped  Poured  
 Concrete Grout \_\_\_\_\_  Pumped  Poured  
 ≥30% Bentonite Grout \_\_\_\_\_  Pumped  Poured  
Gravel Pack:  Yes  No \_\_\_\_\_  Pumped  Poured  
Type: \_\_\_\_\_  
Bentonite Chips:  Yes  No \_\_\_\_\_  Pumped  Poured  
Type: \_\_\_\_\_

Date started: 10-17 20 14  
Date completed: 10-17 20 14

7. Water Level  
Static water level: 29 feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: OK cool °F  
Quality: \_\_\_\_\_

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Time (Hours)			
<u>30+</u>			<u>1</u>

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 Jessie Ramon  
By driller performing actual drilling on-site or contractor  
Date 10-20-14

RECEIVED  
2014 OCT 22 AM 11:27  
STATE ENGINEERS OFFICE

NAD 27  
39.50410939N  
118.986742W

USE ADDITIONAL SHEETS IF NECESSARY

Replacing Unknown Well log