

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

OFFICE USE ONLY
Log No. 122023
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

NOTICE OF INTENT NO. 72833

1. OWNER Todd Smith ADDRESS AT WELL LOCATION 3041 Casey Road
MAILING ADDRESS PO Box 2353 Fallon, Nevada 89406 Subdivision Name: _____ County: Churchill
2. LOCATION SW 1/4 NW 1/4 Sec 35 T 19 N R 28 E Latitude _____ UTM E 0343351 NAD 27
PERMIT/WAIVER No. NE 34 008-753-15 Longitude _____ N 4370370 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 Air
5. WELL TYPE
 Cable Rotary RVC
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	1	1
Brown Sand		1	20	19
Brown Clay		20	23	3
Brown Sand	x	23	40	17
Brown Clay		40	45	5
Gray Sand		45	65	20
Gray Clay		65	70	5
Brown Sand		70	85	15
Brown Clay		85	88	3
Gray Sand		88	105	17
Gray Clay		105	107	2
Gray Sand		107	130	23
Gray Clay		130	137	7
Gray Sand		137	150	13
Gray Clay		150	155	5
Brown Sand	X	155	178	23
<i>Replace Unknown log</i>				
<i>NAD 27</i>				
<i>39.4 to 50.0</i>				
<i>11.52 to 17.00</i>				

9. WELL CONSTRUCTION
Depth Drilled 178 Feet Depth Cased 178 Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
10-5/8 Inches 0 Feet 105 Feet
6-1/8 Inches 105 Feet 178 Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
6-5/8 12.9 .188 +1 178

Perforations:
Type of perforation Machine Slot
Size of perforation .090
From 171 feet to 176 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement 0 to 105 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 01/09 _____, 20 15
Date completed: 01/12 _____, 20 15

7. Water Level
Static water level: 28 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cool °F
Quality: ok

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>50</u>		<u>2</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 Corporation Contractor
Address P.O. Box 888 Contractor
Fallon, Nevada 89407
Nevada contractor's license number _____
issued by the State Contractor's Board 11752
Nevada driller's license number issued by the 2199
Division of Water Resources, the on-site driller
Signed Jesus Ariza
By driller performing actual drilling on-site or contractor
Date January 13, 2015

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 03-08)

(NSPO 3-08)