

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

OFFICE USE ONLY
Log No. 122054
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. 67937

1. OWNER Manuel Fagundes ADDRESS AT WELL LOCATION 5155 Reno Hwy
MAILING ADDRESS 5155 Reno Hwy Fallon, Nevada 89406
Fallon, Nevada 89406 Subdivision Name: _____ County: Churchill

2. LOCATION SE 1/4 NE 1/4 Sec 29 T19 N19R 28 E Latitude: _____ UTM E 0340130 NAD 27
PERMIT/WAIVER No. 008 492-04 Longitude: _____ N 4372011 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 sand		1	18	17
Brown clay		18	20	2
Brown sand	x	20	45	25
Grey clay		45	50	5
Grey sand		50	75	25
Grey clay		75	77	2
Brown sand		77	90	13
Brown clay		90	97	7
Grey sand		97	120	23
Grey clay		120	124	4
Grey sand		124	140	16
Brown silt/clay		140	160	20
Grey sand		160	185	25
Grey clay		185	192	7
Brown sand/gravel	x	192	207	15

*Had 27
39, 48, 47, 30 N
114, 55, 8, 890 W*

Replaces unknown log.

9. WELL CONSTRUCTION

Depth Drilled 207 Feet Depth Cased 207 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
10-3/4	0	105	Feet
6-1/8	105	207	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	12.9	.188	+1	207

Perforations:
Type of perforation Machine slot
Size of perforation .060

From	feet to	feet
200	205	feet
_____	_____	feet

Annular Seal: Yes No

Material	to	to	to	to
<input checked="" type="checkbox"/> Neat Cement	0	105	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 03/19 _____ 20 15
Date completed: 03/20 _____ 20 15

7. Water Level
Static water level: 31' 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>45+</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 Corporation Contractor
Address P.O. Box 888 Contractor
Fallon, Nevada 89407
Nevada contractor's license number 0011752
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2199

Signed Jesus Moya
By driller performing actual drilling on-site or contractor
Date 03/30/15

USE ADDITIONAL SHEETS IF NECESSARY