

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

OFFICE USE ONLY
Log No. 122383
Permit No. _____
Basin 101

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 634.170 and NAC 634.340

NOTICE OF INTENT NO. 73380

1. OWNER Sam Gilmore ADDRESS AT WELL LOCATION 455 Drumm Lane
MAILING ADDRESS 455 Drumm Lane Fallon, Nevada 89406
Subdivision Name: _____ County Churchill

2. LOCATION SE 1/4 SW 1/4 Sec 6 T 18 N 29 E Latitude UTM 0347598 NAD 27
PERMIT/WAIVER No. _____ Longitude N 4367565 NAD 83/WGS 84
Issued by Water Resources Parcel No. 006731-17

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	20	19
Brown clay		20	24	4
Brown sand	x	24	40	16
Grey clay		40	45	5
Grey sand		45	65	20
Grey clay		65	69	4
Grey sand		69	89	20
Grey clay		89	95	6
Brown sand/gravel	x	95	109	14

*Nad 27
39.4446050°N
118.771079°W*

Replaces unknown log

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
109		109		
HOLE DIAMETER (BIT SIZE)				
	From		To	
	10-3/4	Inches 0	Feet 100	Feet
	6-5/8	Inches 100	Feet 109	Feet
		Inches	Feet	Feet
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	12.9	.188	+1	109

Perforations:
Type of perforation Machine slot
Size of perforation .060
From 102 feet to 107 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 100 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: 05/04 :20 15
Date completed: 05/04 :20 15

7. Water Level: 17 feet below land surface
Static water level: _____
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"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<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 Corporation Contractor
Address P.O. Box 888 Contractor
Fallon, Nevada 89406
Nevada contractor's license number _____
issued by the State Contractor's Board 0011752
Nevada driller's license number issued by the 2499
Division of Water Resources, the on-site driller
Signed James Maysam
By driller performing actual drilling on-site or contractor
Date 5-19-15

RECEIVED
2015 MAY 21 AM 11:00
STATE ENGINEER OFFICE