

WELL DRILLER'S REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. **8457**

1. OWNER **ROBERT FERNANDES** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **2655 HARRISON Rd. FALLON, NV. 89406** **SAME AS OWNER**
 2. LOCATION **NW 1/4 SW 1/4 Sec 5 T 18 N/S R. 29 E Churchill** County _____
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY, BROWN	0	38	38	10
CLAY, BLACK	0	38	40	2
SAND, GRAY, FINE		40	43	3
SAND, GRAY, COURSE	15	43	52	9
CLAY, BLACK	0	52	54	2
29PM SAND, COURSE, GRAVEL	13	54	59	5
CLAY, BLACK	0	59	68	9
SAND, GRAY, FINE	0	68	69	1
29PM GRAVEL, GRAY	9 1/2	69	74	5
CLAY, GRAY	0	74	79	5
SAND, GRAY	0	79	80	1
SAND, GRAY PACKED	0	80	85	5
CLAY, BLACK	0	85	93	8
29PM SAND & GRAVEL	15	93	94	1
GRAVEL, CEMENTED	0	94	100	6
SAND, FINE, BROWN	0	100	103	3
SAND, CEMENTED	0	103	118	15
COURSE GRAVEL, BROWN	12' 10"	118	119 1/2	1 1/2
W/B.				

8. WELL CONSTRUCTION

Diameter **6** inches Total depth **119 1/2** feet
 Casing record **120' - 5 3/4"**
 Weight per foot **17.02** Thickness **2.50**

Diameter	From	To
6 inches	71	119 1/2
_____ inches	_____	_____

Surface seal: Yes No Type **NEST**
 Depth of seal **25** feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation **Torch**
 Size perforation **9/32" x 5"**
 From **114 1/2** feet to **119 1/2** feet
 From _____ feet to _____ feet

Date started **12-13** 19**86**
 Date completed **1-3-** 19**86**

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
3600	15	62	6
SET PUMP TO 100'			
DO NOT PUMP OVER 159PM.			
RECOM. 1/2 HP SUB. PUMP.			
PUMPING LEVEL 74'			

BAILER TEST

G.P.M.	Draw down	feet	hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. WATER LEVEL

Static water level **121-10** feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality **EXCELLENT**

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **WATER+RHE WELL DRILLING**
 Address **P.O. Box 883 Fallon, NV. 89406**
 Nevada contractor's license number issued by the State Contractor's Board **0023978**
 Nevada contractor's driller's number issued by the Division of Water Resources **1473**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1473**
 Signed **Gerald W. Olson**
 Date **1-3-86**