

OFFICE USE ONLY
Log No. 35843
Permit No. _____
Basin 101

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. ~~86~~6548

PRINT OR TYPE ONLY

1. OWNER LARRY MEEKS ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 2260 Lucas Road _____
Fallon, Nevada 89406 _____
2. LOCATION SW 1/4 SW 1/4 Sec. 18 T. 19 N/S R. 28 E Churchill County
PERMIT NO. N/A C (22291) _____
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
Top soil		0	3	3
Sand		3	15	12
Brown clay		15	21	6
Black sand		21	40	19
Brown clay		40	50	10
Fine green clay		50	57	7
Fine green sand		57	65	8
Coarse green sand		65	74	9
Brown clay		74	75	1
Fine brown sand		75	76	1
Gray clay		76	80	4
Coarse green sand		80	88	8
Green clay		88	95	7
Brown coarse sand	x	95	113	18
Brown clay		113	114	1

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STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
Diameter hole 12 inches Total depth 114 feet
Casing record ASTM-A-53-A
Weight per foot 12.92 Thickness .188
Diameter From To
6 inches 0 feet 114 feet
_____ inches _____ feet _____ feet
Surface seal: Yes No Type cement
Depth of seal 50 feet
Gravel packed: Yes No
Gravel packed from 50 feet to 114 feet
Perforations:
Type perforation Mill cut
Size perforation 1/8"
From 104 feet to 114 feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 16 feet below land surface
Flow _____ G.P.M. _____ P.S.I.
Water temperature 001 ° F. Quality good

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name PARSONS DRILLING, INC. Contractor
Address P. O. BOX 1265, Fallon, Nv. 89406
Nevada contractor's license number 29064
Nevada contractor's drillers number 1454
Nevada driller's license number 1454T-1 Actual Driller
Signed Wayne Parsons Contractor
Date Feb. 12, 1991

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST

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