

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. \_\_\_\_\_

1. OWNER \_\_\_\_\_ ADDRESS AT WELL LOCATION FALLON  
NAVAL AIR STATION  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION SE 1/4 NE 1/4 Sec. 14 T. 18 N/S R. 29 E. ctoneh Hill County  
 PERMIT NO. ME-200 A Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  Cable  Rotary  RVC  
 Air  Other Augers

6. LITHOLOGIC LOG MW 58

Material	Water Strata	From	To	Thick-ness
<u>Green Sand</u>		<u>0</u>	<u>5</u>	<u>5</u>
<u>MED to coarse silty sands</u>		<u>5</u>	<u>9</u>	<u>4</u>
<u>DARK BROWN MED to fine silty clays</u>		<u>9</u>	<u>12</u>	<u>3</u>
<u>Olive color</u>				

'91 DEC 19 AM 143  
 STATE ENGINEERS INC.

8. WELL CONSTRUCTION  
 Depth Drilled 12 Feet Depth Cased 9 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 7 5/8 Inches To 12 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 FD</u>		<u>scA 40 Pvc</u>	<u>0</u>	<u>4</u>

Perforations:  
 Type perforation Slot Pvc scA 40  
 Size perforation .010  
 From 4 feet to 9 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 1  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 3 FT feet to 12 FT feet

9. WATER LEVEL  
 Static water level 6 FT feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

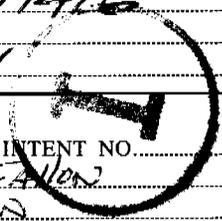
Date started 11-23, 1991  
 Date completed 11-23, 1991

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name \_\_\_\_\_ Contractor  
 Address \_\_\_\_\_ Contractor  
 Nevada contractor's license number issued by the State Contractor's Board \_\_\_\_\_  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller. 1470  
 Signed Scott H.  
 By driller performing actual drilling on site or contractor  
 Date 12-11-91

\* 3 ft by 3 ft PAH  
with 6" water tight  
Well Box



MW-58

LOG #  
37416

FALLOW NAVAL AIR  
STATION

6FN WATER TIGHT  
SURFACE BOX

