

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 Churchill County
 PERMIT NO. MD-200A 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 Auger

6. LITHOLOGIC LOG MW-57

Material	Water Strata	From	To	Thick-ness
<u>Silty Brown Sands</u>		<u>0</u>	<u>4</u>	<u>4</u>
<u>Silty SANDS</u>		<u>4</u>		
<u>Brown Sand SHAL</u>				
<u>GRAVEL</u>			<u>7</u>	<u>3</u>
<u>Silty clay</u>		<u>7</u>		
<u>Olive, STIFF</u>			<u>13</u>	<u>6</u>

8. WELL CONSTRUCTION
 Depth Drilled 13 Feet Depth Cased 7 Feet
 HOLE DIAMETER (BIT SIZE)
 From 7 5/8 Inches To 13 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 ID</u>		<u>sch 40 R/c</u>	<u>0</u>	<u>2</u>

 Perforations:
 Type perforation Slot Per sch 40
 Size perforation .010
 From 2 feet to 7 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 1 feet to 13 feet

* 3 FT BY 3 FT concrete PAN
ON well 6 IN WATER TIGHT
well Box

DEC 19 11 48 AM '91
 RECEIVED
 STATE ENGINEERING DIVISION

Date started 11-22-91 1991
 Date completed 11-22 1991

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL
 Static water level 3 1/2 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-10-91

LOG # 37419

MW = 57

FALLOW NAVAL AIR STATION

6 FN WATER TIGHT SURFACE BOX

