

OFFICE USE ONLY
 Log No. 57423
 Permit No. _____
 Basin 106

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 NAVAL AIR STATION
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 NW 1/4 Sec 15 T 18 N/S R 29 F Churchill County
 PERMIT NO. MO-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-62

Material	Water Strata	From	To	Thick-ness
<u>Brown Fine SAND</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>MELT Silty Sand</u>		<u>3</u>		
<u>grey FN color some Fines</u>			<u>21</u>	<u>18</u>
<u>Silty clay blue FN color (stiff)</u>		<u>21</u>		
<u>dry</u>			<u>23</u>	<u>2</u>

8. WELL CONSTRUCTION
 Depth Drilled 23 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 7 5/8 Inches To 0 Feet 23 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"</u>		<u>sch 40 Pvc</u>	<u>0</u>	<u>4</u>

Perforations:
 Type perforation shot slot sch 40 Pvc
 Size perforation .010
 From 4 feet to 14 feet
 From _____ feet to _____ feet

* 3ft by 3ft concrete pad with 6" water tight wall cover

Surface Seal: Yes No Seal Type:
 Depth of Seal 1 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 3 feet to 23 feet

9. WATER LEVEL
 Static water level 5.5 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 11-24
 Date completed 11-24

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Jet Lift	<u>61</u>	<u>16</u>	<u>16</u>

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 12-18-91

MW-62

LOG #
37423

FALLOW NAVAL AIR
STATION

