

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
 MAILING ADDRESS _____ NAVAI Air Station

2. LOCATION NE 1/4 SW 1/4 Sec. 23 T. 18 N. S. R. 29 E. Church Hill County _____

PERMIT NO. MO-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 Auger

6. LITHOLOGIC LOG MW-63

Material	Water Strata	From	To	Thickness
Brown sand med to fine		0	4	4
light grey sands fine with some small gravels		4	12	8
Silty sand dark grey some fine's		12	21	9
olive clay with some brown stringers		21	23 1/2	2 1/2

8. WELL CONSTRUCTION
 Depth Drilled 23 1/2 Feet Depth Cased 23 Feet

HOLE DIAMETER (BIT SIZE)
 From 7 5/8 Inches To 23 1/2 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		sch 40 pipe	0	3

Perforations:
 Type perforation Slot sch 40 pipe
 Size perforation .010
 From 3 feet to 23 feet
 From _____ feet to _____ feet

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 2 feet to 23 1/2 feet

9. WATER LEVEL
 Static water level 62 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 12-18-91

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 type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

MAW-63

LOG #
37430

FALLON NAVAL AIR
STATION

