

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 INTEREST NO. I

1. OWNER _____ ADDRESS AT WELL LOCATION FALLOW
 MAILING ADDRESS _____ NAVAL AIR Station
 2. LOCATION SE 1/4 SW 1/4 Sec 23 T 18 N R 29 E Churchill Co 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-67

Material	Water Strata	From	To	Thickness
Red sandstone		0		
Red sandstone				
SAND + Rock			4	4
fill material				
DARK gray Silty		4		
SANDS MED to			20	16
Fine				
olive Silty		20	24 1/2	4 1/2
clay				

8. WELL CONSTRUCTION
 Depth Drilled 24 1/2 Feet Depth Cased 14 Feet
 HOLE DIAMETER (BIT SIZE)
 From 7 5/8 Inches To 0 Feet 24 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)
<u>2"</u>		<u>S&H 40 PVC</u>	<u>0</u>	<u>4</u>

Perforations:
 Type perforation Slot S&H 40 PVC
 Size perforation 1.010
 From 4 feet to 14 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 3 feet to 24 1/2 feet

9. WATER LEVEL
 Static water level 4.5 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 drill performing actual drilling on site or contractor
 Date 12-18-91

Date started 11-25, 1991
 Date completed 11-25, 1991

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

77.110 01 030 16. DEC 19 AM 11:44

MW-67

LOG #

37435

FALLOW NAVAL AIR
STATION

