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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 Dele Stewart ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION SE 1/4 SE 1/4 Sec. 29 T. 19 N. R. 28 E. Churchill County  
 PERMIT NO. \_\_\_\_\_ 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 \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sand</u>		<u>0</u>	<u>5</u>	<u>5</u>
<u>Clay</u>		<u>5</u>	<u>22</u>	<u>17</u>
<u>Sand</u>	<u>X</u>	<u>22</u>	<u>35</u>	<u>13</u>
<u>Black Clay</u>		<u>35</u>	<u>65</u>	<u>30</u>
<u>Green Clay</u>		<u>65</u>	<u>73</u>	<u>8</u>
<u>Sand &amp; Gravel</u>	<u>X</u>	<u>73</u>	<u>81</u>	<u>8</u>

8. WELL CONSTRUCTION  
 Depth Drilled 81 Feet Depth Cased 81 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches 5 Feet To 50 Feet  
6 Inches 50 Feet 81 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.75</u>	<u>127</u>	<u>.188</u>	<u>71</u>	<u>81</u>

Perforations:  
 Type perforation Machine slot  
 Size perforation .260  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 76 feet to 82 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 50  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 11 - 8 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature 59 °F Quality \_\_\_\_\_

Date started Sept 22, 1993  
 Date completed Sept 22, 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>50</u>		

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Welsco Contractor  
 Address Box 888 Fallon Nev. Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 11752  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772  
 Signed [Signature] Date Sept 24-93