

Log No. \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Basin 101

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. 27045

1. OWNER Alvins Const ADDRESS AT WELL LOCATION 1100 Golden Way  
MAILING ADDRESS 2160 R.F. Rd Fallon  
2. LOCATION SW 1/4 SW 1/4 Sec 19 T 19 N/S R 29 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	Thick-ness
Brown Sand	✓	0	30	30
Brown Clay		30	32	2
Grey Sand	✓	32	37	5
Black Sand, Clay	✓	37	83	46
Grey Clay		83	85	2
Brown Sand	✓	85	95	10

8. WELL CONSTRUCTION  
Depth Drilled 95 Feet Depth Cased 95 Feet  
HOLE DIAMETER (BIT SIZE)  
From 10 Inches 0 Feet To 95 Feet  
From 6 Inches 90 Feet To 95 Feet  
From \_\_\_\_\_ Inches \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.9</u>	<u>0.188</u>	<u>0</u>	<u>95</u>

Perforations:  
Type perforation Machine slot  
Size perforation 0.02  
From 88 feet to 93 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
Depth of Seal 90  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
Gravel Packed:  Yes  No  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
Static water level 7-11 feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started Sept 15, 1994  
Date completed Sept 15, 1994

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25</u>		<u>1</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 172  
Signed W. W. W. W. By driller performing actual drilling on site or contractor  
Date Sept 15, 1994