

PRINT OR TYPE ONLY
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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 Alcius Comst ADDRESS AT WELL LOCATION 1040 Golden -
MAILING ADDRESS 2110 RIFE RD
FALLON NV

2. LOCATION SW 1/4 SW 1/4 Sec 19 T 19 N/S R 29 E Churchill County
PERMIT NO. _____ Parcel No. _____ Subdivision Name Ventura

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	L	0	10	10
Brown Clay		10	13	3
Brown Sand	L	13	40	27
Black Silt	L	40	67	27
Grey Sand	L	67	71	4
Brown Sand	L	71	80	9

8. WELL CONSTRUCTION
Depth Drilled 80 Feet Depth Cased 80 Feet

HOLE DIAMETER (BIT SIZE)
From To
10 Inches 8 Feet 50 Feet
6 Inches 50 Feet 80 Feet
Inches Feet 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>.188</u>	<u>41</u>	<u>80</u>

Perforations:
Type perforation wide slot
Size perforation 0.010
From _____ feet to _____ feet
From 73 feet to 78 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 50 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 81-64 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 Welsco Contractor
Address Box 888 Contractor
Fallon Nev.
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 WCOB-ffe
By driller performing actual drilling on site or contractor
Date Oct 15-74

Date started Oct 5, 1974
Date completed Oct 5, 1974

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>15</u>		<u>1</u>

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STATE ENGINEERS ASSOCIATION