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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 INTEREST NO. 06340

1. OWNER Rich Lee ADDRESS AT WELL LOCATION 3985 Taylor Rd  
 MAILING ADDRESS \_\_\_\_\_ 1135

2. LOCATION NE 1/4 SW 1/4 Sec. 8 T19 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	Thickness
Brown Sand	L	0	17	17
Brown Clay		17	23	6
Brown Sand	L	23	33	10
Gray Sand	L	33	47	14
Black Silt	L	47	67	20
Black Sand	L	67	92	25
Brown Sand	L	92	100	8

8. WELL CONSTRUCTION  
 Depth Drilled 100 Feet Depth Cased 100 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
10 Inches 0 Feet 50 Feet  
6 Inches 50 Feet 100 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>.185</u>	<u>11</u>	<u>100</u>

Perforations:  
 Type perforation Machine slot  
 Size perforation .080  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 93 feet to 98 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 3-4 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.

Date started June 6, 1994  
 Date completed June 6, 1994

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>15</u>		<u>1</u>

Name Welsco Contractor  
 Address Box 888 Contractor  
Fallon  
 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 W. O. B. J. J.  
 By driller performing actual drilling on site or contractor  
 Date June 29, 94