

OFFICE USE ONLY  
 Log No. 29388  
 Permit No. 10  
 Basin 10

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. 29853  
5790 Hooper RD

1. OWNER TONY KOPAS ADDRESS AT WELL LOCATION 5790 Hooper RD  
 MAILING ADDRESS Fallon

2. LOCATION SE 1/4 NW 1/4 Sec. 29 T 19 N/S 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	Thick-ness
Brown Sand		0	19	19
Brown Clay		19	22	3
Grey Sand	Y	22	60	38
Black silt		60	75	15
Grey Sand		75	82	7
Grey clay		82	85	3
Brown Shales	Y	85	100	15

8. WELL CONSTRUCTION  
 Depth Drilled 100 Feet Depth Cased 100 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>8 3/4</u> Inches	<u>0</u> Feet	<u>50</u> Feet
<u>6 7/8</u> Inches	<u>50</u> Feet	<u>100</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Pt. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>17.9</u>	<u>1/8</u>	<u>FT</u>	<u>100</u>

Perforations:  
 Type perforation machine cut  
 Size perforation .030  
 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 30 FEET  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 157.4 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature 60 °F Quality OK

Date started 8-22, 19 95  
 Date completed 8-22, 19 95

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>30</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 WELCO CORP Contractor  
 Address 335 N Broadway 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 1996  
 Signed Jens Mankinen  
 By driller performing actual drilling on site or contractor  
 Date 8-22-95