

OFFICE USE ONLY
Log No. 64062
Permit No. _____
Base _____

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. 31205

1. OWNER Wilbur Swanger ADDRESS AT WELL LOCATION 1020 Dogon LN
MAILING ADDRESS 1020 Dogon LN

2. LOCATION SW 1/4 NW 1/4 Sec 5 T 18 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	20	20
Brown silt/clay	X	20	29	9
Black silt/clay		29	50	21
Grey sands	X	50	100	50
Grey Sands		100	102	2
Brown/Grey Sands		102	115	13
Brown clay		115	117	2
Brown sands	Y	117	129	12

8. WELL CONSTRUCTION
Depth Drilled 129 Feet Depth Cased 129 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>10 3/4</u> Inches	0	50
<u>6 9/16</u> Inches	50	129

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>1/8</u>	<u>41</u>	<u>129</u>

Perforations:
Type perforation machine cut
Size perforation 9/32
From 122 feet to 127 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 10' 4" feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature 69.21 °F Quality OK

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Welsco 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 Jeno Mainscurum
By driller performing actual drilling on site or contractor
Date 12-21-95

Date started 12-21, 1995
Date completed 12-21, 1995

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>40</u>		<u>1</u>