

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. 69409  
 Permit No. \_\_\_\_\_  
 Basin 108  
 36406

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO.

1. OWNER MEL WARSTLER ADDRESS AT WELL LOCATION 3555 ALCORN ROAD, Fallon, NV  
 MAILING ADDRESS 3555 ALCORN ROAD  
FALLON, NV 89406

2. LOCATION NE 1/4 NW 1/4 Sec. 34 T 19 N/S R 28 E CHURCHILL County  
 PERMIT NO. 00875203 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	10	10
BROWN CLAY		10	12	75
BROWN SAND		12	20	8
BROWN CLAY		20	24	4
BROWN SAND		24	35	11
GREY SAND		35	70	35
GREY CLAY		70	74	4
BROWN SAND	X	74	85	11

8. WELL CONSTRUCTION  
 Depth Drilled 85 Feet Depth Cased 85 Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
10 3/4 Inches 0 Feet 50 Feet  
6 1/8 Inches 50 Feet 85 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+1	85

Perforations:  
 Type perforation MACHINE SLIT  
 Size perforation .080

From 78 feet to 83 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 9.5 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature COOL °F Quality UNTESTED

Date started 10/6/97, 19\_\_\_\_  
 Date completed 10/6/97, 19\_\_\_\_

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 hr.</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 Drilling Corp. Contractor  
 Address 305 E. WILLIAMS AVE. P. O. BOX 888 Contractor  
FALLON, NV 89407  
 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 [Signature] By driller performing actual drilling on-site or contractor  
 Date 10-26-97

RECEIVED  
 97 OCT 29 AM 10:18  
 STATE ENGINEERING OFFICE