

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

OFFICE USE ONLY
 Log No. 78432
 Permit No. _____
 Basin 101

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. 42747

1. OWNER CHURCHILL COUNTY FIRE DEPT.
 MAILING ADDRESS 20 N. CARSON
FALLON, NV 89406

ADDRESS AT WELL LOCATION CORKILL LANE

2. LOCATION NW 1/4 NW 1/4 Sec. 19 T 18

N/S R N29 E CHURCHILL County

PERMIT NO. 64636
 Issued by Water Resources

Parcel No. _____
 Subdivision Name _____

3. WORK PERFORMED
 New Well
 Deepen
 Replace
 Abandon
 Recondition
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
BROWN SAND		0	10	
BROWN CLAY		10	15	5
BROWN SAND		15	35	20
GREY SAND		35	60	25
BLK SILT/CLAY		60	90	30
GREY SAND		90	100	10
GREY CLAY		100	110	10
BROWN SILT		110	125	15
BROWN SAND	X	125	155	30

8. WELL CONSTRUCTION

Depth Drilled 155 Feet Depth Cased 155 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>10 3/4</u> Inches	0	100
<u>6</u> Inches	100	155

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 6/8</u>	<u>12.9</u>	<u>.188</u>	<u>+2</u>	<u>155</u>

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080
 From 148 feet to 153 feet

Surface Seal: Yes No
 Depth of Seal 100
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No

9. WATER LEVEL
 Static water level 19'5" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality UNTESTED

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 P. O. BOX 888 Contractor
FALLON, NV 89406
 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 JM
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 10/11/19

Date started 8/29/1999, 19____
 Date completed 9/17/1999, 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>