WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT
Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 82589
Permit No. 65676
Basin 6

NOTICE OF INTENT NO. 43657-

1. OWNER USDA HUMBOLT TOIYABE NATIONAL FOREST
MAILING ADDRESS 1200 FRANKLIN WAY
SPARKS, NV 89431

ADDRESS AT WELL LOCATION PARADISE VALLEY RANGER STATION

2. LOCATION SE 1/4 NW 1/4 Sec. 25 T 42N N/S R 39E E HUMBOLT 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
ORIGINAL HOLE COULD NOT BE SET OVER BY DRILL RIG DUE TO ELECTRICAL LINE. HOLE WAS TREMMIED TO BOTTOM AND PUMPED WITH NEAT CEMENT TO TOP.		0		
			125	125

RECEIVED 00 OCT 25 AM 11:25 STATE ENGINEER'S OFFICE

Date started 9/21/2000, 19__
Date completed 9/25/2000, 19__

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased 125 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
8 5/8	Inches	0	Feet	125	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	21	.250	0	125

Perforations:
Type perforation UNKNOWN
Size perforation UNKNOWN
From UNKNOWN feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☒ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
Gravel Packed: ☐ Yes ☒ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ 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.
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
Signed ____ By driller performing actual drilling on-site or contractor
Date 10/23/2000

USE ADDITIONAL SHEETS IF NECESSARY