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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. 51000

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

OWNER **RANDY EVANS/ TOPGUN CARWASH**
 MAILING ADDRESS **2585 RENO HWY**
FALLON, NV 89406

ADDRESS AT WELL LOCATION **2585 RENO HWY**

2. LOCATION **SE 1/4 SW 1/4 Sec. 26 T 19**
 PERMIT NO. **69178** | **8-371-23**
Issued by Water Resources | Parcel No.

N/S R **28** E **CHURCHILL** County
 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
TOP SOIL		0	1	1
BROWN SAND		1	15	14
BROWN CLAY		15	18	3
BROWN SAND		18	50	32
GREY SAND		50	75	25
GREY CLAY		75	78	3
BROWN SAND		78	90	12
BROWN CLAY		90	100	10
GREY SAND/ CLAY		100	150	50
GREY CLAY		150	160	10
BROWN SAND	X	160	178	18

8. WELL CONSTRUCTION
 Depth Drilled **178** Feet Depth Cased **178** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
10 3/4 Inches	0 Feet	100 Feet	
6 1/8 Inches	100 Feet	178 Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	178

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.080**

From	feet to	feet to
	172	176

Surface Seal: Yes No
 Depth of Seal **100**
 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 **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 **2199**
 Signed *[Signature]*
 by driller performing actual drilling on-site or contractor
 Date **1/27/2003**

Date started **1/2/2003**, 19____
 Date completed **1/2/2003**, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
25		1 HR

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 29 JAN 29 AM 10:53
 STATE ENGINEERS OFFICE