

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

OFFICE USE ONLY



PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.300

1. OWNER **JOHN SHERMAN** ADDRESS AT WELL LOCATION **1187 BRIGGS LANE**  
 MAILING ADDRESS **1187 BRIGGS LANE**  
**FALLON, NV 89406**

2. LOCATION NE 1/4 NW 1/4 Sec. 29 T 19 N/S R 28 E CHURCHILL County  
 PERMIT NO. 008-151-51 Parcel No. Subdivision Name

3. WORK PERFORMED  New Well  Replace  Recondition  Deepen  Abandon  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
TOP SOIL		0	1	
BROWN SAND		1	25	24
BROWN CLAY		25	28	3
BROWN SAND		28	35	7
GREY SAND		35	40	5
BROWN SAND		40	46	6
GREY SAND/CLAY		46	60	14
GREY SAND		60	80	20
GREY CLAY		80	82	2
BROWN SAND	X	82	92	10

8. WELL CONSTRUCTION  
 Depth Drilled 92 Feet Depth Cased 92 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 inches	0	50
6 5/8 inches	50	92

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	92

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

From 85 feet to 90 feet

Surface Seal:  Yes  No  
 Depth of Seal 50

Placement Method:  Pumped  Poured  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout

Gravel Packed:  Yes  No

9. WATER LEVEL  
 Static water level 12' 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 By driller performing actual drilling on-site or contractor  
 Date **8/7/2003**

Date started 7/15/2003 19\_\_\_\_  
 Date completed 7/15/2003 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>

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