

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

OFFICE USE ONLY
 Log No. 117750
 Permit No. _____
 Basin 101

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 70594

1. OWNER **City of Fallon** ADDRESS AT WELL LOCATION **1325 New River Pkwy**
 MAILING ADDRESS **55 West Williams** **Fallon, NV 89406**
 Subdivision Name: _____ County: **Churchill**

2. LOCATION **SW¼SE¼ Sec32T19N / R29E** Latitude **39.463514** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **DW-100** Parcel No. **001-781-22** Longitude **-118.752928** N _____ NAD 83/WGS 84
Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other **Dewatering**

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fine sand		0	5	5
Fine sand & med. fine sand	x	5	60	55
DW#6				
A bottom cap was installed.				
PUBLIC WORKS DIVISION 2030 AUG 20 AM 11:34 STATE ENGINEERS OFFICE NAD27 39.463514 N -118.752928 W				

Date started: **8-9, 20 13**
 Date completed: **8-9, 20 13**

9. WELL CONSTRUCTION

Depth Drilled **60** Feet Depth Cased **60** Feet

HOLE DIAMETER (BIT SIZE)
 From **17** Inches To **0** Feet **60** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12 3/4		Sch40	0	60

Perforations:
 Type of perforation **Saw Cut**
 Size of perforation **.090**

From **5** feet to **60** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No **0** to **60** Pumped Poured
 Type: **3/8 well rock**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level

Static water level: **8** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: **Not tested**

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Draw Down (Feet Below Static)		Time (Hours)
			1
<i>plugged by well log 11/06/25</i>			

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Bruce MacKay Pump & Well Service** (CONTRACTOR)
 Address **1600 Mt. Rose Hwy** (CONTRACTOR)
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board **23096**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1790**

Signed *R. Bruce MacKay*
 By driller performing actual drilling on site or contractor
 Date **8-9-13**