

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

OFFICE USE ONLY
Log No. 124618
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. 74171

1. OWNER Bob Standard ADDRESS AT WELL LOCATION 5780 Workman Rd
MAILING ADDRESS 5780 Workman Rd Subdivision Name: _____ County: Churchill
SW Fallon NV 89406

2. LOCATION N 1/4 SW 1/4 Sec 8 T 19 N/S R 28 E Latitude _____ LTM E 0338996 NAD 27
PERMIT/WAIVER No. 008-071-42 Longitude _____ N 4377502 NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
hard pan		15	20	5
Brown sands		20	50	30
Brown clay		50	60	10
Brown gravels, sands		60	90	30
Brown clay		90	95	5
MC Sands, gravels	X	95	108	13

9. WELL CONSTRUCTION

Depth Drilled 108 Feet Depth Cased 108 Feet

HOLE DIAMETER (BIT SIZE)

	From	To	Feet	Feet
<u>10 7/8</u> Inches	0	100		
<u>6 5/8</u> Inches	100	108		

CASING SCHEDULE

Size O.D. (inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.9</u>	<u>.188</u>	<u>±1</u>	<u>108</u>

Perforations

Type of perforation Machine slot
Size of perforation .060

From 101 feet to 106 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 101 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 8-2 .20 15
Date completed: 8-3 .20 15

7. Water Level

Static water level: 38 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cool °F
Quality: untested

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>15</u>	<u>2</u>	

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Welsco Corporation
Contractor

Address P.O. Box 888
Contractor

Fallon, Nevada 89407

Nevada contractor's license number _____
issued by the State Contractor's Board 0011752

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 2199

Signed Jean Managuma
By driller performing actual drilling or site or contractor

Date 8-15-15

USE ADDITIONAL SHEETS IF NECESSARY

Replacing unknown well log