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

OFFICE USE ONLY
Log No. 125033
Permit No.
Basin No. 101

PRINT OR TYPE IN BLACK INK 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. 739165
WELL NAME (if applicable):

1. OWNER/CLIENT NAME Mike Mirkley
MAILING ADDRESS 32 Arundell Ln
Fallon NV 89406 18

DETAILED ADDRESS AT WELL LOCATION 12500 - Austin Hwy
Fallon 89406
Subdivision Name: County Churchill

2. PLS LOCATION ~~NW~~ ¼ ~~NE~~ ¼ ~~Sec~~ 35 Sec ~~T~~ N/S 30 E
PERMIT/WAIVER NO. SW SE (Issued by Water Resources) 005-011-07 (Current Parcel No.)

Latitude
Longitude
UTM E 0363620 ☑ NAD 27
UTM N 4359328 ☐ NAD 83/WGS 84

3. WORKED PERFORMED
☐ New Well ☐ Deepen: Orig WL#
☑ Replacement: Original well log # NDlog
☐ Recondition: Original well log #

4. PROPOSED USE
☑ Domestic ☐ Irrigation ☐ Monitor
☐ Mining / Dewater ☐ Com / Ind ☐ Stock
☐ Test / Other ☐ Mun / QM ☐ Rec

5. WELL TYPE
☐ Auger ☑ Rotary ☐ RVC
☑ Air ☐ Mud ☐ Sonic
☐ Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
Brown Sands			0	35	35
Brown Rock		X	35	50	15
Green Clay/Sands		X	50	60	10

Date started: 4-18-16, 20
Date completed: 4-19-16, 20

7. WATER QUALITIES
Static water level: 26 Feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: Cool ° Fahrenheit
Water Quality: not tested

8. WELL TEST DATA
Test Method: ☐ Bailer ☐ Pump ☑ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
10		1 hour
	NAD 27	
	39.374542	
	118.583278	

9. WELL CONSTRUCTION
Depth Drilled: 60 Feet Depth Cased: 60 Feet

HOLE DIAMETER (BIT SIZE)

		From	To
10 3/4 Inches		0 Feet	50 Feet
6 5/8 Inches		50 Feet	60 Feet
Inches		Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	60
5"		.188	40	60

PERFORATIONS:
Type of perforation: 60 thousands
Size of perforation: 2" cut slots
From ~~40~~ 50 Feet To 60 Feet
From Feet To Feet
From Feet To Feet

ANNULAR MATERIALS

☑ Sanitary Seal	0 to 50	☑ Pumped	☐ Poured
☐ Neat Cement	to	☐ Pumped	☐ Poured
☐ Cement Grout	to	☐ Pumped	☐ Poured
☐ Concrete Grout	to	☐ Pumped	☐ Poured
☐ Bentonite Chips	to	☐ Pumped	☐ Poured
☐ Bentonite Grout	to	☐ Pumped	☐ Poured
☐ 15 % ☐ 20 % ☐ Other, explain:			
☐ Gravel Pack [> 0.2 in.]	to	☐ Pumped	☐ Poured
☐ Sand Pack [< 0.2 in.]	to	☐ Pumped	☐ Poured
☐ Other, explain:	to	☐ Pumped	☐ Poured

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Welsco Corp (Contractor)
Address PO Box 988 Fallon NV 89406 (Contractor)

Nevada contractor's license number as issued by the *State Contractor's Board*: 0017752
Nevada well driller's license number as issued by the *Nevada Division of Water Resources (on-site driller)*: 2539

Signed: (By driller performing actual drilling on site or contractor)
Date: 4-19-16

USE ADDITIONAL SHEETS IF NECESSARY

(Rev 08-12)
(NSPO Rev 11-12)
(D) 627

Replacing unknown well log