

OFFICE USE ONLY
 Log No. 32822
 Permit No. 50808
 Basin 10-124

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. _____

1. OWNER U. S. NAVY ADDRESS AT WELL LOCATION E. W. RANGE SITE
 MAILING ADDRESS _____
FALLON, NV 89406 CORRECTION TO ORIGINAL LOG FILED IN
 2. LOCATION SE 1/4 NE 1/4 Sec. 24 T. 17 N&R. 33 E. CHURCHILL NOV 1987 LEGAL DESCRIPTION INCORRECT
 PERMIT NO. _____ N&R. _____ E. CHURCHILL County _____
 Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK 4. PROPOSED USE 5. TYPE WELL

V New Well Recondition Domestic Irrigation Test Cable Rotary
 Deepen Other Municipal Industrial Stock Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SAND		0	3	3
HARD WHITE CLAY		3	19	16
WHITE CLAY&GRAVEL		19	24	5
BROWN CLAY		24	31	7
COARSE SAND&GRAVEL		31	80	49
BLACK CLAY		80	85	5
SAND & GRAVEL		85	190	105
BROWN CLAY		190	228	38
CLAY & GRAVEL		228	284	56
CLAY		284	292	08
CLAY-SAND-GRAVEL		292	510	218
CLAY		510	560	50

90 FEB -2 09 07
STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION

Diameter 10 3/4 inches Total depth 540 feet
 inches
 inches
 Casing record 10 3/4" X 540'
 Weight per foot 28.04 Thickness .250

Diameter	From	To
<u>18</u> inches	<u>0</u> feet	<u>540</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type CEMENT
 Depth of seal 55 feet
 Gravel packed: Yes No
 Gravel packed from 340 feet to 530 feet

Perforations:
 Type perforation JOHNSON SCREEN
 Size perforation 40 SLOT

From	feet to	feet
<u>360</u>	<u>420</u>	feet
<u>460</u>	<u>530</u>	feet

Date started OCTOBER 7 1987
 Date completed NOVEMBER 20 1987

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>145</u>	<u>17</u>	<u>24</u>

9. WATER LEVEL

Static water level 315 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature 6.4 °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
P. O. BOX 888 FALLON, NV 89406
 Address _____ Contractor _____

Nevada contractor's license number issued by the State Contractor's Board 11752
 Nevada contractor's driller's number issued by the Division of Water Resources 772
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772

Signed Carol Jeff
 By driller performing actual drilling on site or contractor
 Date JANUARY 24, 1990 CORRECTION

BAILER TEST

G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours