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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO 10188

1. OWNER **United States Coast Guard Loran Station**  
 MAILING ADDRESS **2000 Embarcadero, Suite 200**  
**Oakland, CA 94606**

ADDRESS AT WELL LOCATION  
**5050 Soda Lake Road, Fallon, NV 89406**

2. LOCATION **NE** 1/4 **SE** 1/4 Sec. **34** T **20** N/S R **28E** E **Churchill** County

PERMIT NO. **64185** Issued by Water Resources 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	Thickness
Brown Sand		0	6	6
Brown Clay		6	13	7
Brown Sand		13	19	6
Gray Clay		19	24	5
Brown Gray Sand		24	31	7
Gray Sand		31	66	35
Gray & Black Sand		66	74	8
Black Silt		74	76	2
Gray Sand		76	83	7
Gray Clay		83	85	2
Brown Sand		85	92	7
Brown Clay		92	97	5
Brown Sand		97	102	5
Green Sand		102	118	16
Green Clay		118	121	3
Black Clay		121	126	5
Fine Green Sand		126	159	33
Green Clay		159	162	3
Green Sand		162	164	2
Brown Clay		164	171	7
Brown Sand	XX	171	190	19

8. WELL CONSTRUCTION  
 Depth Drilled **190** Feet Depth Cased **190** Feet

HOLE DIAMETER (BIT SIZE)  
 From **10** Inches To **0** Feet **190** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	17	.250	0	185

Perforations:  
 Type perforation **S.S. Well Screen**  
 Size perforation **.030**  
 From **185** feet to **190** feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Depth of Seal **100**

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From **190** feet to **100** feet

9. WATER LEVEL  
 Static water level **15** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **warm** °F Quality **unknown**

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Parsons Drilling, Inc.** Contractor  
 Address **P.O. Box 1265** Contractor

**Fallon, NV 89407-1265**  
 Nevada contractor's license number issued by the State Contractor's Board **29064**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1753**

Signed *Walter Parsons*  
 By driller performing actual drilling on-site or contractor  
 Date **11-16-98**

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<b>35</b>	<b>7</b>	<b>5</b>	

RECEIVED  
 JAN 11 AM 11:34  
 ENGINEER'S OFFICE