

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

OFFICE USE ONLY 107117

Log No. _____
 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. **62670**

1. OWNER **Building Solutions** ADDRESS AT WELL LOCATION **2055 Schurz Hwy**
 MAILING ADDRESS **338 Ryland Street** **Fallon, NV 89406**
Reno, NV 89501 *Subdivision Name:* _____ *County:* **Churchill**

2. LOCATION **NW1/4NW1/4 Sec6T18N/ R29E** Latitude **39.45669N** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **R592** **006-691-01** Longitude **118.78015** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORK 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	Thick-ness
Brown Sand		0	8	8
Brown Clay		8	23	15
Brown Sand		23	31	8
Brown Clay		31	34	3
Gray Sand		34	43	9
Black Clay		43	62	19
Black Sand		62	85	23
Black Clay		85	92	7
Black Sand		92	105	13
Brown Clay		105	112	7
Brown Sand	X	112	120	8

9. WELL CONSTRUCTION

Depth Drilled **120** Feet Depth Cased **120** Feet

HOLE DIAMETER (BIT SIZE)

From	To
14 Inches	0 Feet 120 Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	14.96	.188	0	19
8 PVC	8.76	.508	19	120

N39.456772
W 118.779165 NAD27

Perforations:

Type of perforation **Saw Cut**
 Size of perforation **1/8"**

From	To
115 feet to	120 feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

Material	From	To	Method
<input type="checkbox"/> Neat Cement	0	10	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> ≥30% Bentonite Grout	10	100	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	100	120	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: 3/8			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____			

Date started: **9/22, 20 08**
 Date completed: **9/23, 20 08**

7. Water Level

Static water level: **12** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cool** °F
 Quality: **unknown**

8. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	20		1
Air			

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 **2307**

Signed _____
 By driller performing actual drilling on site or contractor
 Date **9/25/08**