

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

OFFICE USE ONLY *108834*

Log No. _____
 Permit No. _____
 Basin *181*

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. **64502-14**

1. OWNER **A & K Earthmovers, Inc** ADDRESS AT WELL LOCATION **Birch Street**
 MAILING ADDRESS **P.O. Box 1059** **Fallon, NV 89406**
Fallon, NV 89407 Subdivision Name: _____ County: **Churchill**

2. LOCATION **NE 1/4 SW 1/4 Sec 35 T19 N R28 E** Latitude **39.46743** UTM E NAD 27
 PERMIT/WAIVER NO. **DEW-78** Longitude **-118.81120** 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
Sand Clay		0	7	7
Clay		7	25	18
Coarse Sand		25	30	5
<i>39.467513° N</i>				
<i>118.810214° W</i>				
<i>NAD 27</i>				
<i>(FA)</i>				
<i>Plugged by Nol # 64504</i>				

9. WELL CONSTRUCTION
 Depth Drilled **30** Feet Depth Cased **30** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
22 Inches **0** Feet **30** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625	8.26	.508	0	30

Perforations:
 Type of perforation **Well Screen**
 Size of perforation **.032**
 From **10** feet to **30** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout **0** to **3** Pumped Poured
 Gravel Pack: Yes No **30** to **3** Pumped Poured
 Type: **3/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **8/28 20 09**
 Date completed: **8/28 20 09**

7. Water Level
 Static water level: **5** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cool** °F
 Quality: **unknown**

8. WELL TEST DATA

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

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
 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 *Wagner*
 By driller performing actual drilling on site or contractor
 Date **9/24/09**