

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

OFFICE USE ONLY

Log No. 108834
 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. **64507**

1. OWNER **Bill Hardy**
 MAILING ADDRESS **2739 63rd st Sacramento, CA**

ADDRESS AT WELL LOCATION **3399 Sorensen Court Fallon, NV 89406**

2. LOCATION **SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec15T18N/ R28E**
 PERMIT/WAIVER NO. **00647216**
Issued by Water Resources
Parcel No.

Subdivision Name: _____ County: **Churchill**
 Latitude **39.426325** UTM E NAD 27
 Longitude **-118.83249** N NAD 83/WGS 84

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	35	35
Fine Green Sand		35	37	2
Black Sand		37	44	7
Black Clay		44	47	3
Gray Sand		47	85	38
Gray Clay		85	99	14
Fine Green Silt		99	110	11
Gray Clay		110	132	22
Gray Sand		132	150	18
Black Clay		150	152	2
Gray Sand		152	160	8
Brown Clay		160	162	2
Brown Sand	X	162	175	13

39.426407° N
118.831504° W
NAD 27 (T)

Date started: **9/9, 20 09**
 Date completed: **9/14, 20 09**

7. Water Level
 Static water level: **19** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cool** °F
 Quality: **unknown**

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	25		1hr

(Rev 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

9. WELL CONSTRUCTION

Depth Drilled **175** Feet Depth Cased **175** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 Inches **0** Feet **100** Feet
10 Inches **100** Feet **175** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.188	0	20
6 PVC	4.1	.316	20	175

Perforations:
 Type of perforation **Saw Cut**
 Size of perforation **1/8**
 From **171** feet to **174** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement **0** to **10** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 \geq 30% Bentonite Grout **10** to **100** Pumped Poured
 Gravel Pack: Yes No **100** to **175** Pumped Poured
 Type: **3/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

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

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 Parson
 By driller performing actual drilling on site or contractor

Date **9/15/09**