

**DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT**

OFFICE USE ONLY 108864

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. 64512

1. OWNER Oscar Cromer ADDRESS AT WELL LOCATION 6700 Cox Rd,
MAILING ADDRESS 6700 Cox Rd. Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. LOCATION SE¼NW¼ Sec18T19N/ R28E Latitude 39.51166 UTM E _____ NAD 27
PERMIT/WAIVER NO. 008-112-05 Longitude -118.88838 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORK PERFORMED New Well Replace Recondition
 Deepen Other Plugged
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	19	19
Brown Clay		19	24	6
Coarse Brown Sand		24	42	18
Brown Silt		42	56	14
Gray Clay		56	59	3
Black Fine Sand		59	70	11
Black Clay		70	83	13
Black Sand		83	120	37

Pumped in 20% Grout from 120 to 20ft Pumped Neat cement from 20ft to surface
No Casing was installed
39.511744° N
118.887390° W
NAD 27

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

8. WELL TEST DATA

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

9. WELL CONSTRUCTION
Depth Drilled 120 Feet Depth Cased _____ Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
6 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)

Perforations:
Type of perforation _____
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ 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 _____ to _____ Pumped Poured
Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
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 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 [Signature]
By driller performing actual drilling on site or contractor
Date 9/24/09