

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

OFFICE USE ONLY **108891**

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. **63778**

1. OWNER **Tony & Lisa Jorgenson** ADDRESS AT WELL LOCATION **6940 Victor Drive**
 MAILING ADDRESS **3624 Lolita Drive,** **Fallon, NV 89406**
Concord, CA 94519 Subdivision Name: _____ County: **Churchill**

2. LOCATION **NW¼NW¼ Sec31T20N/ R28E** Latitude **39.55945N** UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ **009-381-15** Longitude **-118.89241W** 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
Coarse brown Sand		0	22	22
Brown Clay		22	26	4
Gray Clay		26	37	11
Brown Sand		37	44	7
Black Clay		44	73	29
Brown Sand		73	78	5
Black Clay		78	86	8
Green Clay		86	93	7
Sand		93	104	11
Black Clay		104	136	32
green Clay		136	166	30
Black Sand w/small gravel		166	178	12
Brown sand w/small gravel	X	178	190	12

39.5594535° N
 118.891426° W
 NAD 27 (14)

2009 JUL 15 AM 11:08
 STATE ENGINEER

9. WELL CONSTRUCTION
 Depth Drilled **190** Feet Depth Cased **190** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12.75 Inches **0** Feet **190** Feet
 _____ Inches _____ Feet _____ 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	.315	20	190

Perforations:
 Type of perforation **Saw Cut**
 Size of perforation **1/8"**
 From **186** feet to **190** 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
 ≥30% Bentonite Grout 10 to 50 Pumped Poured
 Gravel Pack: Yes No 190 to 50 Pumped Poured
 Type: **3/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **6/10**, 20 **09**
 Date completed: **6/11**, 20 **09**

7. Water Level
 Static water level: **32** 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 checked="" 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 89407-1265
 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 **2285**
 Signed **Gabe King**
 By driller performing actual drilling on site or contractor
 Date **6/16/09**