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

OFFICE USE ONLY
Log No. 109357
Permit No.
Basin 101

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 65160

1. OWNER Frances Smitten
MAILING ADDRESS P.O. Box 1235 Fallon, NV 89409
NE
ADDRESS AT WELL LOCATION 787 W. Williams Fallon, NV
Facility ID - 5-000096
Subdivision Name: County: Churchill

2. LOCATION NW ¼ NW ¼ Sec 36 T 19N N/S R 28 E
PERMIT/WAIVER No. 001-271-17
Issued by Water Resources Parcel No.
Latitude N39°28'28.53" UTM E [X] NAD 27
Longitude W118°47'10.44" N [ ] NAD 83/WGS 84

3. WORKED PERFORMED
[X] New Well [ ] Replace [ ] Recondition
[ ] Deepen [ ] Other

4. PROPOSED USE
[ ] Domestic [ ] Irrigation [ ] Test
[ ] Municipal/Industrial [X] Monitor [ ] Stock

5. WELL TYPE
[ ] Cable [ ] Rotary [ ] RVC
[ ] Air [X] Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Clay		0	10	10
Silty Sand Clay		10	20	10

39.474592° N
118.786233° W
NAD 27 (D)

Date started: 19-Oct, 20 09
Date completed: 20-Oct, 20 09

9. WELL CONSTRUCTION
Depth Drilled 20 Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
10	Inches	0	Feet	20	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4		SCH 40	0	20

Perforations:
Type of perforation Slot
Size of perforation .020
From 5 feet to 20 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: [X] Yes [ ] No
[X] Neat Cement 0 to 3 [ ] Pumped [X] Poured
[ ] Cement Grout to [ ] Pumped [ ] Poured
[ ] Concrete Grout to [ ] Pumped [ ] Poured
[ ] ≥30% Bentonite Grout to [ ] Pumped [ ] Poured
Gravel Pack: [X] Yes [ ] No 4 to 20 [ ] Pumped [X] Poured
Type: Sand #3
Bentonite Chips: [X] Yes [ ] No 3 to 4 [ ] Pumped [X] Poured
Type: Medium

7. Water Level
Static water level: 10 feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: °F
Quality:

8. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

2009 DEC -8 PM 3:26

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Cascade Drilling, L.P. (Contractor)
Address 3632 Omec Circle (Contractor)
Rancho Cordova, CA 95742
Nevada contractor's license number issued by the *State Contractor's Board* C23-0073966
Nevada driller's license number issued by the Division of Water Resources, the *on-site driller* M-1977
Signed (By driller performing actual drilling on site or contractor)
Date 12/3/2009

(Rev. 05-05)

USE ADDITIONAL SHEETS IF NECESSARY