

PLUGGED BY
NWS # 64690

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

OFFICE USE ONLY **109644**

Log No. _____
Permit No. _____
Basin **741**

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. **64689**
64689-4

1. OWNER **F & P Construction** ADDRESS AT WELL LOCATION **850 W Williams**
MAILING ADDRESS **9070 Double Diamond Parkway** Fallon, NV 89406
Reno, NV 89521 Subdivision Name: _____ County: **Churchill**

2. LOCATION **S 25 T 19N N/S R 28 E** Latitude **39.47504** UTM E NAD 27
PERMIT/WAIVER No. **DEW-81** Longitude **118.78678** N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other **Dewatering**

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		0	25	30
Clay	X	25	30	5
39.475 122°N				
118.785 799°W				
NAD 27 (70)				
2009 DEC 24 AM 11:53 STATE OF NEVADA				

9. WELL CONSTRUCTION

Depth Drilled **30** Feet Depth Cased **30** Feet

HOLE DIAMETER (BIT SIZE)

From	To
22 inches	30 Feet
_____ inches	_____ Feet
_____ inches	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.265	8.26	.508	30	0

Perforations:

Type of perforation	Wall Screen
Size of perforation	0.032
From 10 feet to 30 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 **0** to **3** Pumped Poured

Gravel Pack: Yes No **3** to **30** Pumped Poured

Type: _____ 3/8"

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

7. Water Level
Static water level: **4** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **Cool** °F
Quality: **Unknown**

8. WELL TEST DATA

TEST METHOD: Bailor Pump 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 **1753**

Signed **Wagner Parra**
by driller performing actual drilling on site or contractor

Date **2-Nov-09**