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

OFFICE USE ONLY
Log No. 110920
Permit No.
Basin 01

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. 64696

1. OWNER Oscar Cromer
MAILING ADDRESS 6700 Cox Rd
Fallon, NV 89406

ADDRESS AT WELL LOCATION 6700 Cox Rd.
Fallon, NV 89406
Subdivision Name: County: Churchill

2. LOCATION SE ¼ NW ¼ Sec 18 T 19N (N)S R 28 E
PERMIT/WAIVER No. R-624 (issued by Water Resources) 008-112-05 Parcel No.

Latitude 39.51099
Longitude -118.88878
UTM E N
☐ NAD 27 ☒ NAD 83/WGS 84

3. WORKED 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	Thickness
Brown Sand		0	5	5
Brown clay		5	12	7
Brown Sand	X	12	40	28

GPS NAD-27
39.511074° N
118.887790° W

Date started: 18-Nov, 20 09
Date completed: 19-Nov, 20 09

9. WELL CONSTRUCTION
Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
12.75	Inches	0	Feet	40	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.63	12.92	.188	0	20
6	4.0	.316	20	40

Perforations:
Type of perforation Mill Cut
Size of perforation 1/8"
From 35 feet to 40 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☒ Yes ☐ No
☒ Neat Cement 35 to 0 ☒ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout to ☐ Pumped ☐ Poured

Gravel Pack: ☒ Yes ☐ No 35 to 40 ☐ Pumped ☒ Poured
Type: 3/8" pea gravel
Bentonite Chips: ☐ Yes ☒ No to ☒ Pumped ☐ Poured
Type:

7. Water Level
Static water level: 8 feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: Cool °F
Quality: Unknown

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ 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* 2307
Signed (By driller performing actual drilling on site or contractor)
Date 1/18/2010

(Rev. 05-06)
USE ADDITIONAL SHEETS IF NECESSARY

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