

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

OFFICE USE ONLY
Log No. 111091
Permit No. -
Basin 076

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. 84970-1

1. OWNER A & K Earthmovers Inc
MAILING ADDRESS P.O. Box 1059
Fallon, NV 89407

ADDRESS AT WELL LOCATION Hwy 50 Lift Station and Force Main
Fernley, NV 89408
Subdivision Name: _____ County: Lyon

2. LOCATION NE 1/4 SW 1/4 Sec 15 T 20N N/S R 25 E
PERMIT/WAIVER No. DEW-85
Parcel No. _____

Latitude 39.597137°N UTM E NAD 27
Longitude -119.163701°W N 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

E. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clay	XX	0	50	50
Plugged by NOT # 65506-1				
NAD-27 GPS				
39.597137°N 119.163701°W				

9. WELL CONSTRUCTION

Depth Drilled	50	Feet	Depth Cased	50	Feet
HOLE DIAMETER (BIT SIZE)					
		From			To
22	inches	0	Feet	50	Feet
	inches		Feet		Feet
	inches		Feet		Feet
CASING SCHEDULE					
Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)	
8.625	8.26	.508	50	0	

Perforations:

Type of perforation Well Screen
Size of perforation 0.032

From 10 feet to 50 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 3 to 0 Pumped Poured

Gravel Pack: Yes No 50 to 3 Pumped Poured
Type: _____ 3/8"

Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 31-Mar 20 10
Date completed: 31-Mar 20 10

7. Water Level
Static water level: 12 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"/> Bailor <input type="checkbox"/> Pump <input 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
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 _____
Date 4/18/2010

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEER
JUN 07 2010
FACSIMILE RCVD