PLUGGED BY
WELL-LOG
112217

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

OFFICE USE ONLY
Log No. 111918
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. 65518-2

1. OWNER Dan O Construction
MAILING ADDRESS 2209 Bafford Lane
Fallon, NV 89406

ADDRESS AT WELL LOCATION 35 N Broadway
Fallon, NV 89406
Subdivision Name: County: Churchill

2. LOCATION NE ¼ SW ¼ Sec 30 T 19N N/S R 29 E
PERMIT/WAIVER No. DEW-86 (Issued by Water Resources) Parcel No.

Latitude 39.47937 N
Longitude -118.77402 W
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
Top Soil		0	2	2
Sand	X	2	20	18
NAD-27 GPS				
39.479452°N				
118.773035°W				

Date started: 8/9, 20 10
Date completed: 8/10, 20 10

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

HOLE DIAMETER (BIT SIZE)

		From		To	
22	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)
8.625	8.26	.508	0	20

Perforations:
Type of perforation: Well Screen
Size of perforation: 0.032
From 10 feet to 20 feet
From feet to 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 20 to 3 ☐ Pumped ☒ Poured
Type: 3/8 Well Gravel
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: ☐ 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 8/11/2010

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY